Substance Abuse Prevention Service Providers in Michigan:
Findings from the 2000 – 2001 Community Prevention Systems Assessment (COMPSA) Survey

Michigan Department of Community Health

MDCH

John Engler, Governor
James K. Haveman, Jr., Director

SUBSTANCE ABUSE PREVENTION SERVICE PROVIDERS IN MICHIGAN: FINDINGS FROM THE 2000 – 2001 COMMUNITY PREVENTION SYSTEMS ASSESSMENT (COMPSA) SURVEY

Prepared by:

**Michigan Department of Community Health
Division of Quality Management and Planning**

Richard F. Calkins
C. Edward Banks

With data analysis support from:

RTI
INTERNATIONAL

Donna L. Spencer
JoAnn Kuo

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For further information, contact:

Michigan Department of Community Health
Division of Quality Management and Planning
320 South Walnut Street
Lansing, MI 48913
(517) 241-2596 (Voice)
(517) 241-2345 (Fax)

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EXECUTIVE SUMMARY

This report describes the research procedures and findings from the Community Prevention Systems Assessment (COMPSA) survey. This effort focused on development of systematic and consistent information about alcohol, tobacco, and other drugs (ATOD) prevention services in Michigan. Surveys were sent to all known providers of ATOD services in Michigan.

This research was made possible by funding provided by the federal Center for Substance Abuse Prevention (CSAP) to the Michigan Department of Community Health (MDCH) to conduct a substance abuse prevention needs assessment in Michigan. Work began in the fall of 1999. A family of complementary research studies was included in this needs assessment. Studies included: (1) a high school and middle school student survey; (2) a compilation of available social indicators to consider when developing prevention programs; and (3) a survey identifying the services provided and populations targeted by substance abuse prevention programs within the state. Information about existing ATOD prevention services is presented in this report. This study is the first time such a survey has been conducted in an effort to obtain information from all Michigan ATOD prevention programs, regardless of sources of funding. Survey design was intended to obtain information consistent with the Risk and Protective factors framework (Hawkins, Catalano, & Miller, 1992), so that information about services could be contrasted with information gathered from the adolescent school survey effort which also used the same framework.

The COMPSA survey questionnaire was designed to collect information from prevention service providers about: (a) program objectives, (b) the types of prevention activities or services offered, (c) populations served, (d) the geographical service delivery area, (e) staff resources and budget information, (f) how available data and information are being used, (g) collaboration efforts, and (h) perceived barriers to effective implementation of ATOD prevention services.

In October 2000, MDCH and Prevention Network (or PN, partner for this effort) began work to develop the COMPSA survey process by mailing introductory letters to all identified prevention service providers. The universe of potential providers was a compilation of listings from the following sources:

- all programs with a substance abuse prevention services license from the Michigan Department of Consumer and Industry Services

- all programs funded by the MDCH Office of Drug Control Policy (not all would necessarily be included in the prevention licensee group)

- all recipients of mini-grants from PN

- School Health curriculum coordinators, as identified by the School Health Unit in MDCH

- Community Coalitions directly funded by CSAP.

Because an actively maintained and complete listing of all Michigan ATOD prevention service providers is not available, it was felt that the separate listings from above would be able to reach virtually all providers. No known providers were excluded, and the effort sought to be as inclusive as possible. Efforts were made to try to ensure that providers were not duplicated in the final listings, so that multiple surveys would not be sent.

In November 2000, MDCH and PN mailed out 1,068 COMPSA surveys to all providers, agencies, and programs that were identified as providing prevention services/activities related to ATOD prevention.

Over the following several months, PN logged in and edited all the submitted COMPSA surveys. Providers who were sent the initial mailing of the COMPSA survey but did not complete and return it were sent follow-up postcards. Presentations were made to substance abuse coordinating agencies and other groups about the importance of all providers responding to the survey to gain the most complete picture of services possible. Non-responding providers also received follow-up phone calls seeking their cooperation.

Data collection efforts were discontinued in July 2001. Next steps included final editing of survey responses, follow-up phone calls to programs about missing information or inconsistent responses, data coding, and entry into a computer database. Data entry was fully verified for accuracy. Further data cleaning then took place so that analysis could begin.

The substance abuse prevention provider information in this report is intended to help determine whether service delivery systems are providing prevention services in line with the prevention service needs of specific populations. Key statewide findings from the 2000-2001 COMPSA survey are as follows:

Substance Abuse Objectives Addressed and Activities/Services Provided
- The risk and protective factors conceptual framework domain (i.e., peer/individual, family, school, community) receiving the most attention by the responding providers was the peer/individual domain, followed by the family domain. Specifically, nearly 90 percent and 66 percent of the providers reported that their staff spent moderate or significant time on half or more of the objectives within these domains. The school domain, in contrast, was least likely to be addressed.

- The highest percentages of respondents providing half or more of the activities/services within a domain were found for the community (38 percent) and peer/individual (30 percent) domains. Less than 15 percent of the providers reported providing at least half of the family-focused activities/services. Overall, however, the overwhelming majority of the respondents provided *at least some* activities/services in each of the four domains.

Populations Served
- Overall, most respondents reported providing services to all age groups between 5 and 65 years, with the highest percentage serving 10-15 and 16-19 year olds. The majority of providers had served White, Black/African American, and Hispanic participants; in some regions of the state, the percentages for other race/ethnic groups were also high. There was no difference in the proportion of providers serving men and women.

- Many of the providers had served middle/junior high and high school populations as well as economically disadvantaged youth. Parents were also identified as recipients by a large percentage of the respondents.

Location of Prevention Service Delivery
- Most providers reported their service delivery took place in one county only; however, the number of counties for which providers supplied information ranged from 1 to 15. The counties served by the most providers include Oakland, Wayne (both inside and outside of Detroit), Genesee, Macomb, and Livingston. Eleven counties had only one responding provider each.

Prevention Staff and Budget Resources
- The number of paid and volunteer prevention staff members ranged from 0 to 334. Overall, a third of the providers reported a total of 2 or fewer paid and volunteer staff members. The number of paid and volunteer staff hours devoted to direct prevention service provision combined was less than 40 hours/week for approximately half of the providers. Taking into consideration only paid staff prevention hours, the number of full-time equivalents (FTEs) for all providers statewide was approximately 245.

- Annual substance abuse prevention budgets reported by providers ranged from zero to over $4,000,000. The reported total annual prevention dollars combined across all of the respondents statewide was $30,628,438.

Data Uses
- The most frequently reported uses of data by the responding providers were for program planning and for determining program effectiveness. Using data to meet funding requirements, for grant or contract proposals, or to provide a description of program activities and participants, were also identified by a significant proportion of providers.

Collaboration among Providers

- Overall, at least half of the providers reported engaging in each of four types of collaboration: co-sponsoring events or activities, joint planning, sharing funding or staff, and sharing materials or other resources. Co-sponsoring and joint planning were the most common approaches.

Perceived Barriers to Effective Prevention Service Delivery

- Most of the potential barriers outlined in the questionnaire were not considered a moderate or significant barrier by the majority of providers. The only exception was insufficient staff due to lack of funding, which 65 percent of the respondents indicated as an important barrier to effectively delivering prevention services.

1. INTRODUCTION

In 1993, the Center for Substance Abuse Prevention (CSAP), Substance Abuse and Mental Health Services Administration (SAMHSA) within the federal Department of Health and Human Services (DHHS), began an initiative to assist states to more systematically assess the need for substance abuse prevention services at state and sub-state levels. This effort was intended to improve the planning, programming, evaluation, and effectiveness of state alcohol, tobacco, and other drug (ATOD) abuse prevention services/programs. Through this initiative, CSAP has supported single-state agencies (SSAs) to carry out families of research studies important for increasing successful outcomes for state and national ATOD use and abuse prevention efforts. Michigan's SSA is the Michigan Department of Community Health (MDCH). There was not enough funding available to fund all states at the same time.

In mid-1999, MDCH prepared a proposal to conduct a family of prevention needs assessment studies to submit to CSAP in response to the latest competitive procurement. (Through a similar process, MDCH had previously been awarded two multi-year federal funding awards to carry out families of substance abuse treatment needs assessment research efforts.) In late summer of 1999, MDCH received notice that CSAP funding would be awarded for a three-year effort in prevention needs assessment, consistent with federal requirements about the types of studies that could be funded. All studies were required by CSAP to follow the risk and protective factors framework for organizing prevention services (Hawkins, Catalano, & Miller, 1992). Studies that involved original data collection were required to be submitted for approval by the federal Office of Management and Budget (OMB). The studies comprising Michigan's substance abuse prevention needs assessment were:

Study 1: Adolescent School Survey

Study 2: Prevention Social Indicators Study

Study 3: ATOD Prevention Provider Survey.

Within MDCH, all research work was directed by the Division of Quality Management and Planning's Research and Evaluation section, with input from substance abuse prevention staff and the Office of Drug Control Policy (ODCP).

MDCH's approach was based upon federal requirements as well as by review of similar efforts by other states that had already conducted or were in the process of conducting prevention

needs assessments. Some of the work involved in the Michigan studies was carried out through subcontracts.

As is true with virtually all research efforts, resources were not available to carry out prevention needs assessment studies that could generate findings down to the community or cover each of Michigan's 83 counties in a comparable way. MDCH focused efforts on obtaining needs estimates for the six federal substance abuse block grant planning regions, the city of Detroit, as well as statewide. This same design strategy has been employed with all of the treatment needs assessment research efforts by MDCH.

This report describes the research procedures and findings from Study 3, the Community Prevention Systems Assessment (COMPSA) survey, a study of ATOD prevention providers in the state.

2. LITERATURE REVIEW

Substance use (and the problems resulting from it) cuts across all lines of race, culture, educational, and socioeconomic status, leaving no group untouched. A recent survey estimated that about 14 million citizens of the United States had used an illegal substance in the month preceding the study (SAMHSA, 2001). Substance abuse is an enormous public health problem, with far-ranging effects throughout society. In addition to the toll substance abuse can take on individual physical health status, substance abuse is considered to be an important factor in a wide variety of social problems, affecting rates of crime, domestic violence, sexually transmitted diseases (including HIV/AIDS), unemployment, health care costs, productivity losses in business and industry, homelessness, teen pregnancy, and failure in school. One study estimated that 20 percent of the total yearly cost of health care in the United States is spent on the effects and consequences of drug and alcohol abuse (Carlson-Dewitt, 1999).

2.1   National High School and Youth ATOD Use Trends

Since 1975, the Monitoring the Future (MTF) research effort has annually studied the extent of drug abuse among high school seniors. The survey was expanded in 1991 to include 8th and 10th graders. Funded by National Institute on Drug Abuse (NIDA), the MTF is conducted annually by the University of Michigan's Institute for Social Research. The goal of the survey is to collect nationally representative data on past month, past year, and lifetime drug use among students in these three grade levels.

The 2001 MTF marked the fifth year in a row that illicit drug use among 8th, 10th, and 12th graders remained stable or decreased in some instances. Since the 2000 MTF, notable decreases in cigarette smoking were observed for 8th and 10th graders in 2001. The survey also found that the rise in use of MDMA (Ecstasy) in teenagers seen over the past 2 to 3 years slowed from 2000 to 2001 among students in all three grades. In addition, rates of heroin use decreased notably among 10th and 12th graders (even though heroin use by young people is low to begin with), and a gradual decline in use of inhalants continued in 2001 with a significant decrease occurring among 12th graders.

Perceived Risk of Harm, Disapproval, and Perceived Availability. In addition to surveying for use of drugs among 8th, 10th, and 12th graders, MTF collects data on three attitudinal indicators related to drug use. These are perceived risk of harm in taking a drug, disapproval of others who take drugs, and perceived availability of drugs. Changes in these indicators from 2000 to 2001 include:

- Perceived harmfulness of using inhalants increased among 8th and 10th graders. Perceptions of "great risk" from trying inhalants once or twice increased from 41.2 percent to 45.6 percent among 8th graders and from 46.6 percent to 49.9 percent for 10th graders.

- Perceived harmfulness of regularly smoking marijuana decreased from 74.8 percent to 72.2 percent among 8th graders.

- Perceived harmfulness of regularly taking LSD declined from 57.5 percent to 52.9 percent among 8th graders and from 72.0 percent to 68.8 percent among 10th graders.

- Perceived harmfulness of trying MDMA once or twice increased among 12th graders (the only grade asked); the proportion seeing "great risk" increased from 37.9 percent to 45.7 percent.

- Seniors' disapproval of using heroin once or twice without a needle declined from 94.0 percent in 2000 to 91.7 percent in 2001.

- Perceived availability of MDMA (Ecstasy) increased sharply among seniors, from 51.4 percent to 61.5 percent.

- Perceived availability of crack and cocaine powder declined among 10th graders. The percent that thought cocaine powder would be "very" or "fairly easy" to get went from 34.5 percent to 31.0 percent.

Cigarette Use. Cigarette use among teens declined in several categories between 2000 and 2001. Lifetime use decreased from 40.5 percent to 36.6 percent among 8th graders and from

55.1 percent to 52.8 percent among 10th graders; past month use declined from 14.6 percent to 12.2 percent among 8th graders, and from 23.9 percent to 21.3 percent among 10th graders; daily use in the past month declined from 7.4 percent to 5.5 percent among 8th graders and from 14.0 percent to 12.2 percent among 10th graders.

Recent years have seen several declines in smoking by youth. Reductions in smoking between 1999 and 2000 involved students in all three grades and several categories of use; between 1998 and 1999 past month use declined among 8th graders; and between 1997 and 1998 cigarette use decreased among 10th and 12th graders.

Rates of smokeless tobacco use remained statistically unchanged between 2000 and 2001. In 2001, 4.0 percent of 8th graders, 6.9 percent of 10th graders, and 7.8 percent of 12th graders reported using smokeless tobacco in the past month.

Ecstasy. The increase in MDMA reported in the previous two Monitoring the Future surveys slowed in 2001. While increases were observed in all three grades, they were generally not as steep as in the prior two years and were not statistically significant. In addition, the perceived risk of harm from trying MDMA once or twice increased among seniors. Increases in perceived risk are often harbingers of future reductions in rates of use.

Steroids (Anabolic-Androgenic). Seniors' use of steroids in the lifetime, past year, and past month increased from 2000 to 2001. Past year use increased from 1.7 percent to 2.4 percent. Comparable 2001 figures for past year steroid use in other grades were 1.6 percent for the 8th graders and 2.1 percent for the 10th graders.

Marijuana. Marijuana use in the lifetime, past year, and past month remained statistically unchanged from 2000 to 2001 in each grade. In 2001, past year rates of marijuana use were 15.4 percent of 8th graders, 32.7 percent for 10th graders, and 37.0 percent for 12th graders.

In the 27 years that the MTF study has collected data, past year prevalence rates for self-reported marijuana use by seniors peaked at 50.8 percent in 1979 and declined to a low of 21.9 percent in 1992. Since then, it reached a relative maximum of 38.5 percent in 1997 and is now at 37.0 percent in 2001.

Cocaine and Crack. Cocaine use, including both cocaine powder and crack, decreased from 2000 to 2001 among 10th graders. Lifetime use of cocaine in any form declined from 6.9 percent to 5.7 percent in this group, lifetime use of crack decreased from 3.7 percent to 3.1 percent, and past year use of cocaine powder declined from 3.8 percent to 3.0 percent.

Alcohol. Between 2000 and 2001, alcohol use indicators remained mostly stable with some signs of decrease. There were two changes that were statistically significant: having been drunk in the past year declined among 8th graders, from 18.5 percent in 2000 to 16.6 percent in 2001, and as an exception to the overall pattern, daily alcohol use increased among 12th graders, from 2.9 percent to 3.6 percent.

Heroin. Heroin use declined from 2000 to 2001 among 10th and 12th graders. For 10th graders, past year use decreased from 1.4 percent to 0.9 percent, and for 12th graders it was down from 1.5 percent to 0.9 percent. In addition, lifetime heroin use declined for both these grades. This decrease in overall heroin use among 10th and 12th graders resulted largely from a decrease in use of the drug without a needle (i.e., snorting or smoking it).

The 2001 decrease in heroin use among 12th graders reverses an increase in use of the drug in this grade between 1999 and 2000 that brought it to the highest level seen in the history of the survey; the new rate for 2001, 0.9 percent for past year use, is the lowest seen since 1994.

Inhalants. Rates of inhalant use continued the gradual declining trend seen in recent years, though the decrease from 2000 to 2001 was statistically significant only for 12th graders' past year use of these substances; the rate declined from 5.9 percent to 4.5 percent. In 2001, 9.1 percent of 8th graders, 6.6 percent of 10th graders, and 4.5 percent of 12th graders reported using inhalants in the past year.

2.2   Michigan High School and Middle School Student ATOD Use Trends

In the 2000 and 2001 school year, MDCH and its partner RTI International (RTI), administered the *Michigan Substance Abuse Risk and Protective Factors 2000/2001 Student Survey* to over 9,000 Michigan public school students enrolled in grades 6, 8, 10, and 12. The goal of the study was to: (1) provide epidemiological data on the prevalence of alcohol, tobacco, and other drug use among Michigan students, and (2) identify potentially "modifiable" risk and protective factors that may be useful to consider in planning and targeting prevention programs and services.

Perceived Risk of Harm, Perceived Coolness, Attitudes Favorable Toward Substance Use, and Perceived Availability. In addition to surveying for drug use among 6th, 8th, 10th, and 12th graders, the *Michigan Substance Abuse Risk and Protective Factors 2000/2001 Student Survey* (see Calkins, Banks, Greene, & Weimer, 2002), also surveyed students about four attitudinal indicators related to drug use. These were the perceived risk of harm in taking a drug, the chances the student would be seen as cool if they took a drug, attitudes favorable

toward substance use, and the perceived availability of drugs and handguns. The study results indicated that:

- Among students who indicated that there was a <u>"great risk" of harm</u> associated with smoking cigarettes, 34.9 percent reported ever using cigarettes, 50.8 percent reported ever using alcohol, and 20.2 percent reported ever using marijuana.

- Among students who indicated that there was a <u>"great risk" of harm</u> associated with smoking cigarettes, 12.6 percent reported past month cigarette use, 26.3 percent reported past month alcohol use, and 9.8 percent reported past month marijuana use.

- Among students who indicated that there was a <u>"great risk" of harm</u> associated with drinking alcohol regularly, 29.6 percent reported ever using cigarettes, 41.5 percent reported ever using alcohol, and 16.1 percent reported ever using marijuana.

- Among students who indicated that there was a <u>"great risk" of harm</u> associated with drinking alcohol regularly, 10.7 percent reported past month cigarette use, 18.5 percent reported past month alcohol use, and 7.4 percent reported past month marijuana use.

- Among students who indicated that there was a <u>"great risk" of harm</u> associated with smoking marijuana regularly, 29.7 percent reported ever using cigarettes, 44.7 percent reported ever using alcohol, and 10.7 percent reported ever using marijuana.

- Among students who indicated that there was a <u>"great risk" of harm</u> associated with smoking marijuana regularly, 9.2 percent reported past month cigarette use, 20.8 percent reported past month alcohol use, and 2.9 percent reported past month marijuana use.

- Among students who responded that they would be <u>seen as "cool"</u> if they smoked cigarettes, 60.6 percent reported ever using cigarettes, 72.7 percent reported ever using alcohol, and 37.9 percent reported ever using marijuana.

- Among students who responded that they would be <u>seen as "cool"</u> if they smoked cigarettes, 39.0 percent reported past month cigarette use, 45.2 percent reported past month alcohol use, and 23.6 percent reported past month marijuana use.

- Among students who responded that they would be <u>seen as "cool"</u> if they drank alcohol regularly, 60.1 percent reported ever using cigarettes, 77.8 percent reported ever using alcohol, and 39.4 percent reported ever using marijuana.

- Among students who responded that they would be <u>seen as "cool"</u> if they drank alcohol regularly, 31.2 percent reported past month cigarette use, 52.4 percent reported past month alcohol use, and 22.1 percent reported past month marijuana use.

- Among students who responded that they would be <u>seen as "cool"</u> if they smoked marijuana, 63.9 percent reported ever using cigarettes, 78.1 percent reported ever using alcohol, and 50.7 percent reported ever using marijuana.

- Among students who responded that they would be <u>seen as "cool"</u> if they smoked marijuana, 33.4 percent reported past month cigarette use, 50.6 percent reported past month alcohol use, and 32.6 percent reported past month marijuana use.

- <u>Perceived attitudes favorable</u> toward substance use was the highest among 12th graders at 25.2 percent. Among 10th graders it was 19.4 percent, and among 8th graders it was 7.9 percent. The low number of responses from 6th graders resulted in the data being suppressed

- <u>Perceived availability</u> of drugs and handguns was the highest among 12th graders at 78.8 percent. Among 10th graders it was 61.4 percent, among 8th graders 30.1 percent, and among 6th graders 4.6 percent.

2.3   The Importance of Prevention

Research has shown that the use of alcohol by young people has been linked to a range of social pathologies, including the use of illegal drugs (Office of National Drug Control Policy [ONDCP], 2002). Fortunately, research has shown that, if young people are prevented from using drugs through age 18, the chance of their using drugs as adults is very small (ONDCP, 2002). Prevention requires a real and sustained effort by adults and peers to keep young people from ever using drugs. In fact, the most important factor found to have an effect on drug use among students in a national evaluation of prevention program Project Star, was the increased perception of peers' intolerance of drug use (ONDCP, 2002).

According to ONDCP's 2002 National Drug Strategy, preventing young people from experimenting with drugs in the first place is preferable to later interventions, and is less costly than treatment, rehabilitation, and possible incarceration. Moreover, preventing drug use before it starts also reduces the number of people who potentially will abuse or progressively become addicted to alcohol, tobacco, and other drugs, and it protects society from many risks, such as those created by workers whose thought processes and physical performance capabilities are impaired by drug effects. Prevention has also been shown to be the most cost-effective approach

to the drug problem, sparing society the burden of treatment, rehabilitation, lost productivity, and other social pathologies—costs estimated at $160 billion per year (ONDCP, 2002).

The fact that billions of dollars are being spent to reduce availability, to deal with consequences of substance abuse, or in attempts to ameliorate it through substance abuse treatment and prevention, underscores the importance of prevention. Research continues to show that more deaths, illnesses, and disabilities are caused by substance abuse than any other preventable health condition. It is estimated that, of the more than two million deaths per year in the United States, one in four is attributed to alcohol, tobacco, and illicit drug abuse. Broken down by drug, it is estimated that tobacco causes approximately 430,700 lost lives, followed by at least 100,000 alcohol-related deaths, and almost 16,000 deaths attributed to the use of illicit drugs (Robert Wood Johnson Foundation, 2001). These statistics reflect the real need for effective and appropriately targeted substance abuse prevention resources and programs.

Prevention programs include efforts by community organizations, schools, faith-based organizations, civic groups, parents and other volunteer groups, and the mass media. Parents and caregivers can have a tremendous effect on whether or not their kids use drugs. According to the Partnership for a Drug-Free America (ONDCP, 2002), kids whose parents (or grandparents) teach them about the dangers of drugs are 36 percent less likely to smoke marijuana, 50 percent less likely to use inhalants, 56 percent less likely to use cocaine, and 65 percent less likely to use LSD. But parents cannot carry the prevention load alone. Neither can schools, friends, or community organizations. Schools, parents, peers, communities, the media, and others must join together with prevention messages that are unambiguous and convey direct messages that drug use is dangerous and wrong.

3. PURPOSE AND BACKGROUND

Supported by such mechanisms as federal CSAP Community Partnership grants, a number of communities have conducted and published their own inventories of ATOD prevention service providers. However, such inventories have generally not been based on clear and consistent definitions of preventive activities. Nor have they tended to rely on replicable sampling methods; instead, they have been developed from "snowball" sampling techniques, as prevention providers have nominated one another based on personal knowledge of each other's activities. Several different views of layers in the way data are organized are typically found when one looks at various community level inventories. As a result, these community-based inventories, while appearing to be comprehensive, are subject to the unknown biases in coverage introduced by relying on informal networks. Complicating matters further are ambiguous and

conflicting definitions of what constitutes ATOD prevention, and whether strategies will be limited to those that address ATOD issues specifically or will include those that focus on ameliorating risk factors (e.g., association with drug using peers), or promoting protective factors (e.g., social skills), without addressing ATOD use directly. Further, decisions need to be made as to whether the inventory will be limited to strategies targeting primary prevention or will also include secondary prevention (or early intervention) and relapse prevention (which is more in the treatment services arena than in prevention).

Further limiting factors in inventories include efforts to collect certain kinds of information from providers who may not have adequate methods to collect and assemble the information needed. This leads to approximations and estimations in providing data, and the high likelihood that how the data was compiled is forgotten when looking at the numbers. An added limiting factor is the need to provide for ongoing maintenance and updating of information in such inventories; changes take place rapidly in program staff, locations, specific services provided, and populations served. Inventories can quickly become inaccurate and misleading over time without some updating capability and procedures. Finally, typically voluntary approaches are used, and prevention programs (like any other human service program) vary in their willingness to provide information.

Generally speaking, the inventories of prevention services providers that have been developed for entire states have been limited to those that receive public (i.e., state or federal) support, such as CSAP grantees or recipients of Block Grants or Governors' set-aside Safe and Drug-Free Schools (SDFS) funds from the SSA. Although most state agencies collect some basic data from programs they fund, these data usually do not include information that could be used to assess appropriate resource allocation (Arthur et al., 1997). Prevention Network (PN), an MDCH subcontractor for this study, has been publishing an annually updated directory of national, state, and regional substance abuse organizations. This extensive listing contains addresses and contact information for over 250 national and 150 Michigan organizations. Michigan organizations listed include governmental agencies, statewide organizations, comprehensive school health coordinators, cooperative extensive programs, CSAP-funded community partnerships, Michigan Abstinence Partnership Coalitions, multipurpose collaborative bodies, National Council on Alcoholism and Drug Dependence-Michigan affiliates, regional education media centers, substance abuse coordinating agencies (CAs), Tobacco Free Michigan Action Coalition members and Traffic Safety Network committees. A recent edition also listed the Michigan Coalition to Reduce Underage Drinking and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) coalitions. The PN directory is widely distributed and is available by request from the Michigan Resource Center.

4. STUDY METHODOLOGY

This section describes the study methods for the assessment of the current ATOD prevention system in Michigan. Discussion of methodology includes descriptions of the development of research questions and the survey questionnaire, identification of ATOD prevention providers, data collection, response rate, and data management.

4.1 Research Questions and Survey Questionnaire Development

In developing the approach for this study, MDCH sought to learn from the accumulated wisdom and experience of other SSAs that have carried out surveys of prevention services of this nature and their suggestions as to the approach MDCH should take. These states include Connecticut, Florida, New Jersey, New York, North Carolina, and Louisiana. In addition, another MDCH partner, RTI International, participated in a CSAP-sponsored working group devoted to the on-going efforts to survey and examine prevention service providers. Participants in this working group include university-based researchers in the prevention field, representatives from several SSAs, and CSAP staff. This group contributed much in developing the core constructs and items that are now required in prevention services provider research surveys (i.e., community resource assessments) funded through CSAP. The workgroup contributed to CSAP's Core Constructs for Community Resource Assessments (1999), which was the framework used by MDCH to start development of the COMPSA survey questionnaire.

Because this study was designed to be descriptive in nature, MDCH believed it would be more appropriate to specify research questions to be addressed than to specify hypotheses to be tested. These research questions are as follows:

- What are the prevention agencies' ATOD-related program objectives?

- What types of services or activities do they provide to meet these objectives?

- What populations are served by these activities?

- Where are services delivered?

- How much direct service time do staff devote to prevention activities, and what is the annual prevention budget?

- How do these organizations use data resources?

- What is the nature of inter-agency collaboration efforts?

- What barriers to effective strategies do providers identify?

The COMPSA survey questionnaire was based on core constructs items identified by CSAP (1999). Following these core constructs was a condition of the funding award by CSAP to MDCH for the prevention needs assessment studies. MDCH, in conjunction with its partners, PN and RTI, constructed questions based on CSAP's core items and modified some questions to align them with terminology and services groupings used in Michigan. Michigan's COMPSA instrument can be found in Appendix A. The key constructs that were measured include:

- program objectives (categorized within the risk and protective factor framework)

- types of prevention activities or services offered (categorized within the risk and protective factor framework domains)

- population served (including socio-demographic characteristics and categories of special populations served)

- service delivery geographical location (county level only)

- staff and budget resources

- agency's use of available data

- interagency collaboration efforts

- perceived barriers to effective implementation.

The approach to embedding the research questions into the survey instrument consisted of first categorizing the questions into content area. It was decided to collect the majority of the data at the county level, in order to be able to link the results up with the adolescent school survey (which collected data at the broader regional level to which counties data could be aggregated into) and the prevention social indicators study (which collected available data that typically is only available at the county level, if at all). A clear constraint was that, in early discussions with prevention providers, it was made clear that most providers do not keep all their information aligned neatly along county lines. An additional consideration for collecting data at the county level was that services planning and funding only sometimes occur along individual county lines.

Specific data items were drafted or taken from other surveys that would cover the research questions. Several drafts of the COMPSA questionnaire were assembled and refined.

The draft questionnaire was then field tested by approaching a sample of ATOD prevention service providers, to determine if the subject manner contained in the survey instrument was easily understood, viewed as relevant, and able to be responded to by providers.

Information at the county level (up to five counties could be reported on by a provider) was sought in terms of what activities were conducted (in each domain); what were the top three activities along with what percentage of time was involved in these and how many individuals received the activity; the total number of participants in the county; and the age range, race/ethnicity, and gender of the group of participants. Then, at the provider level (irrespective of county), the questionnaire asked about what populations were served, what objectives were focused on and the general level of time spent on each, perceived barriers to services, the level of collaboration with other organizations, what the extent and types of use of data were taking place at the provider, the number of hours and staff involved in prevention, the number of weeks operating in the past year, and the total annual budget for prevention.

The following summarizes revisions that were made to the original questionnaire items provided by CSAP, which were reflected in the final COMPSA survey instrument:

- added provider location and state license information

- requested service/activity information at the county level

- added "teen parenting education" as an option in the peer/ individual domain area

- added "student assistance programs," "prevention education support groups," "parental-involvement initiatives," " classroom curriculum presentations," and "curriculum infusion initiatives" as options in the school-focused domain area

- added "community assessment surveys" and removed "providing or assisting with community policing" as an option in the community-focused domain area

- asked providers to rank order their "top 3" services/activities by "time spent devoted to the activity/service"

- asked providers for the number of participants they served, by county

- added "Arab American/Chaldean" and "Native Hawaiian/Other Pacific Islander" to the race/ethnicity section; Also, separated Latino and Hispanic ethnicities to be individually indicated

- changed "main focus/not a main focus/and not addressed" to significant time/moderate time/and no time" spent addressing specific prevention objectives, in the provider objectives section

- added "share materials" as an option in the collaboration section

- added "total number of direct service hours per week for paid staff," "total number of paid prevention staff," "total prevention direct service hours per week for volunteers," and "total number of prevention volunteers" in the provider staff resources section

- asked how many weeks the provider operated during their last complete fiscal year, or the last 12 months

- asked providers to identify other substance abuse prevention services/ activities that they would like to see provided in their communities.

Before the questionnaire was finalized, approximately 40 individual prevention providers were asked to review and comment about the ability of the respondents to understand the questions and to estimate the amount of time required to be able to complete the questionnaire. Additionally, the COMPSA instrument was pretested with a variety of providers throughout Michigan.

The final COMPSA questionnaire captured existing services and populations information, yet also allowed providers to identify unmet service needs and suggest new services and programs, as has been suggested such efforts should do (Favel, Margolis, & Lofy, 1994).

As a condition of the federal funding award, MDCH was required to prepare a study protocol (including the questionnaire) to be submitted for approval by the federal Office of Management and Budget. Data collection could not begin until such approval was provided.

4.2   Identification of ATOD Prevention Providers

Michigan's prevention provider systems are structured largely around funding sources, with the majority of community-level prevention programming provided through (1) licensed prevention programs funded by substance abuse funding allocated by MDCH to regional CAs (see Appendix B), (2) prevention providers funded by MDCH ODCP with SDFS funding or Governor's Discretionary funding, or (3) through PN's mini-grantee funding for local grassroots programs. Surveying prevention providers funded by these three sources was initially thought to cover virtually all known programs. However, instead of simply surveying MDCH- and PN-funded programs, it was decided to seek survey responses from any state-licensed prevention programs in an effort to be more inclusive of all prevention services regardless of funding

sources. State-funded programs via the CAs are required to be state licensed, so these providers would be necessarily included within the larger listing of all licensed prevention programs. Surveys were also sent to the several known federal CSAP direct-funded Community Partnership programs.

The universe of ATOD prevention service providers that were mailed surveys thus included: (1) programs that are listed as state licensed to provide prevention services (N=600), (2) PN community grantees (N=100), (3) federal CSAP direct-funded Community Partnerships (N=11), and (4) MDCH ODCP's SDFS and Governor's Discretionary grant providers (N=357).

The following is a further description of each provider category:

Licensed ATOD Prevention Agencies. The Michigan Public Health Code (P.A. 368) requires that all organizations or individuals who provide substance abuse services to the public be licensed by the Michigan Department of Consumer and Industry Services. Possession of a license is a requirement for providers to be able to receive MDCH funding through the CAs. Funding is not solely awarded based on licensing status, however. Approximately 600 organizations currently are licensed for prevention (and sometimes other services as well). Approximately two hundred of these agencies are licensed to provide prevention services only, the remaining 400 are also licensed to provide treatment services. All of the programs that have state licenses to administer prevention services were sent COMPSA surveys.

PN Community Grantees. PN has been operating a mini-grant program effort that has funded between 80 and 100 community grantee recipients each year. Prevention licensing is not required for these efforts in order to be funded via mini-grants, as many of these efforts are one-time only and not ongoing services. The three categories of mini-grant awards are:

1. Mini grants of up to $500 awarded to grassroots groups to support primary prevention activities

2. "Communities of Color" grants of up to $5,000 awarded to community-based organizations to fund primary prevention projects and activities targeting communities of color

3. Michigan Coalition to Reduce Underage Drinking grants of up to $5,000 awarded to community-based organizations and coalitions for projects and activities designed to reduce underage drinking.

CSAP Community Partnerships. Within Michigan, there were 11 community partnerships, originally directly funded by the federal CSAP to develop community-based substance abuse prevention advocacy coalitions. Although most of these partnerships are no

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longer funded by CSAP, some have secured other funding to enable them to continue. State licensing is not required for community partnerships to receive direct federal funding.

Safe and Drug-Free Schools and Governor's Discretionary Funds Grantees. The SDFS program is the federal government's primary vehicle for reducing drug, alcohol, and tobacco use, and violence, through education and prevention activities in schools. In Michigan, this program is managed by MDCH ODCP, and is designed to prevent violence in and around schools, and strengthen programs that prevent the illegal use of alcohol, tobacco, and other drugs. These services often reach parents and others who are in contact with young people on a regular basis. The Governor's Discretionary funding is awarded through an annual competitive process by ODCP. Not all recipients of funds from these two funding streams are necessarily state licensed for prevention.

4.3   Data Collection

A total of 1,068 programs were mailed COMPSA introductory letters and survey packets in the fall of 2000. Extensive telephone and post-card follow-ups to try to obtain responses from all programs was then carried out. When materials were returned as undeliverable, staff from PN followed-up by telephone inquiry to ascertain the correct address and whether the organization had either dissolved or no longer provides prevention services.

Approximately one week after MDCH sent the lead letter to all identified prevention service providers, staff at PN mailed packages to each respondent that included a cover letter (see Appendix C), questionnaire, and a prepaid return envelope. A week later, PN staff sent postcards (see Appendix C) that either thanked respondents for returning questionnaires or requested them to do so. Programs that had not returned a completed questionnaire within two weeks were then mailed another questionnaire along with a cover letter reiterating the study's importance. Two weeks later, PN staff began telephone follow-up calls with non-responders with the goal of obtaining a completed COMPSA survey from all non-responsive prevention service providers.

4.4   Response Rate

After follow-up of all non-respondents, it was determined that, of the 1,068 programs that were originally identified as Michigan substance abuse prevention providers, and were mailed a COMPSA survey package, 424 were not validly potential prevention providers. Of the 424, 209 programs stated in follow-up phone calls that they do not actually provide any ATOD prevention services. There were 93 programs that received duplicate mailings (even though there were attempts beforehand to identify and eliminate duplicates in the master list that contained lists

from the individual funding sources). There were 61 programs found to be no longer in existence. There were 59 programs that stated in follow-up phone calls that they only provide substance abuse treatment services and not prevention services. There were two programs found to have changed their name and so they received two surveys.

From the 644 providers that remained, there were 300 COMPSA surveys returned. This is a 47 percent response rate by the 644 providers. This was much lower than anticipated or hoped for, yet it should be understood that this was the first time such an effort had been carried out and it was completely voluntary for the providers to cooperate.

After reviewing and editing the returned surveys, it was determined that another 59 surveys should be discarded because (1) the respondent was only a "broker or arranger for others to provide prevention service" and not an actual direct provider of prevention services, (2) the respondent was a financial fiduciary organization but not an actual direct provider of prevention services, or (3) the respondent returned an incomplete survey, most often with nothing other than the organization name listed. This brought the overall number of usable COMPSA survey responses to 241, or 37 percent of the 644 providers felt to be eligible potential prevention programs. It should be noted that this was the final response rate, although repeated phone call attempts were made to persuade non-respondents to cooperate. The importance of responding was also emphasized during meetings and conferences where prevention providers were in attendance. Requests that CA and ODCP funding contract managers underscore the importance of cooperation to their grantees continued for several months until late summer 2001. Further attempts to gain more responses were then halted at the direction of MDCH.

It should be noted that the COMPSA survey effort was a voluntary approach to providers, as there was no viable means to mandate compliance and response. Special emphasis was made in introductory letters sent to providers stating that results would ultimately benefit all providers as a group, if each individual would view their response as part of a whole that the prevention provider community could be proud of. Having the COMPSA survey data collection effort located in PN (a non-governmental effort that has promoted diversity and collaboration among those interested in prevention) was a design decision so that providers would view this effort as something that was not a state government effort to potentially exert control of such programs.

4.5   Data Management and Analysis

The survey booklet consisted of 32 pages, with 28 pages of data items for completion by circling, filling in blanks or writing in responses. Once completed by the respondent, the survey could simply be dropped in the mail, postage paid, and returned to PN. A database for tracking

each survey was developed by PN, which included information on the entity mailed to and the date the survey was returned. Follow up contacts were also documented.

All surveys were recorded and initially edited the day they were received. As the surveys were received at PN, they were given a unique identifying code, reviewed by the COMPSA Survey Coordinator for completeness and the reasonableness of each answer, and then logged into the COMPSA Survey Tracking Database. All surveys that were complete or could be completed (see below) without further contact with the respondent were entered into the COMPSA Survey Database (written for Access 2000).

All editing of the surveys was done by the COMPSA Survey Coordinator based at PN. Depending on the type of question, data were edited to be in line with the nature of the question. There were numerous occasions where clearly the instructions for data item completion were not followed; it is unclear if the providers did not have the information requested or if they simply chose to answer the question using their own logic. (An example of this is Question 3 in the county(s) portion of the survey. It requested the top three activities/services which best described the provider's substance abuse prevention focus in a given county. Many respondents wrote in more than three activities/services, and did not have them ranked as requested. Another example of problematic responses was that sometimes the totals reported for number of participants in age, race/ethnicity, and gender breakdowns did not add up to match the total number of participants served that was listed in another data item.) In an attempt to bring the data to a reasonably consistent level across all the responses, the COMPSA Survey Coordinator attempted to edit these data to have it represent the nature of the question. Many of these changes were made during follow up phone calls with program directors or staff that filled out the survey. Sometimes problematic responses could be easily corrected to reflect the nature of the question and at other times the respondent had to be contacted directly to attempt to determine how to correct the data.

If there was missing, incomplete, or unclear data, the COMPSA Survey Coordinator contacted the program person noted as having filled out the survey directly, discussed what the problem was, and asked for clarification or the added information needed. This was a lengthy and tedious process that was tracked by the COMPSA Survey Tracking Database. Many respondents required multiple contacts to complete the data, and some surveys could not be completed due to lack of respondent participation (i.e., phone messages not being returned). All data were coded to allow entry into the database. Once all of the data were corrected or completed, the survey data were entered into the COMPSA Survey Database. Some responses that did not meet the analysis criteria (i.e., were not prevention providers themselves or were

only treatment providers) were nevertheless still input into the COMPSA Survey Database but were later segregated from those that would be included in the final analysis.

Once all of the surveys were entered into the COMPSA Survey Database, two data files were created reflecting the provider-level and the county-level data collected. These files were converted into SAS data files for analysis in SAS 8.2. Two new datasets also were created by aggregating the county-level data by provider and by county. In addition to the data cleaning performed before the surveys were entered into the database, the SAS data were examined for suspect values such as extreme or illogical values, inconsistent responses, and missing data.

To describe Michigan's prevention services system and address the research questions listed earlier in Section 4.1 of this report, descriptive analyses were conducted. These analyses involved creating summary variables and generating statewide and region-level frequencies, percentages, and averages. Each provider was assigned to one of seven federal Block Grant planning regions (see Appendix D) based on its service area: Upper Peninsula, Northern, Western, Central, Eastern, Southeastern (excluding Detroit), and the city of Detroit. Descriptive analyses were also performed by funding source and county for select variables.

5. RESULTS

This chapter presents the key results from the COMPSA survey. Findings are provided separately for each Block Grant planning region in the state, and selected results are shown by provider funding sources and county in Appendices E and F. Exhibit 5.1 summarizes the regional distribution and funding sources of the surveyed providers. This table presents the number and percentage of providers receiving funding exclusively from MDCH, ODCP, or PN as well as those that are supported by two or more of these funding sources. Including those providers that receive combined funding from multiple sources, a total of 97 (40.3 percent) of the surveyed providers are supported at least partially by MDCH funding, 66 (27.4 percent) by ODCP, and 26 (10.8 percent) by PN. Overall, the funding sources for 34 percent of the providers was not able to be identified.

Results presented in this chapter are organized in accordance with the research questions outlined earlier in Section 4.1 of this report. First, the substance abuse prevention objectives addressed and the substance abuse prevention activities/services provided by the responding agencies are described. Next, the types of populations served by the providers and the locations in which they serve are presented, followed by information about their staffing and budgetary resources devoted to substance abuse prevention. Finally, the use of data by providers, nature of

their collaborative efforts with other community agencies, and barriers experienced in providing substance abuse prevention services are presented.

Exhibit 5.1   Number (Percent) of Prevention Providers, by Region and Funding Source

Funding Source	Region							
	Upper Peninsula	Northern	Western	Central	Eastern	South-eastern	Detroit	Statewide
MDCH Only (through CAs)	7 (35.0)	7 (22.6)	7 (19.4)	6 (27.3)	15 (50.0)	21 (27.3)	8 (32.0)	71 (29.5)
ODCP Only	4 (20.0)	11 (35.5)	9 (25.0)	4 (18.2)	3 (10.0)	13 (16.8)	2 (8.0)	46 (19.1)
PN Only	1 (5.0)	2 (6.5)	2 (5.6)	0 (0.0)	1 (3.3)	3 (3.9)	5 (20.0)	14 (5.8)
Combined Funding	2 (10.0)	7 (22.6)	5 (13.9)	2 (9.1)	2 (6.7)	10 (13.0)	0 (0.0)	28 (11.6)
Unidentified Funding	6 (30.0)	4 (12.9)	13 (36.1)	10 (45.5)	9 (30.0)	30 (39.0)	10 (40.0)	82 (34.0)
Total	20	31	36	22	30	77	25	241

Note: Column percents may not total 100 due to rounding.

5.1   Substance Abuse Prevention Objectives

Respondents were asked the extent to which their agencies addressed a number of substance abuse prevention objectives during the past fiscal year (FY 2000) or 12 months. The questionnaire included a total of 37 individual objectives organized into four domains—peer/individual (16 objectives), family (7 objectives), school (7 objectives), and community (7 objectives). The providers were instructed to indicate whether each objective had received significant, moderate, or no time by their staff.

Objective Domains Addressed. Analyses were first conducted to examine the extent to which each of the four domains was being addressed overall. Specifically, the percentage of providers that addressed (i.e., reported spending moderate or significant time on) none of the objectives, less than half of the objectives, or half or more of the objectives in each of the domains was calculated. The results for all respondents statewide are found in Exhibit 5.2. In general, the domain receiving attention (half or more objectives being addressed) by the most surveyed providers was the peer/individual domain (89.7 percent), followed by the family domain (65.9 percent). In contrast, the school domain showed the lowest proportion of providers addressing half or more of the objectives (53.4 percent) and highest proportion addressing no objectives at all (16.4 percent) in this domain.

Exhibit 5.2   Percent of Providers Addressing Objectives within Domains (n=232)*

Percent of Providers
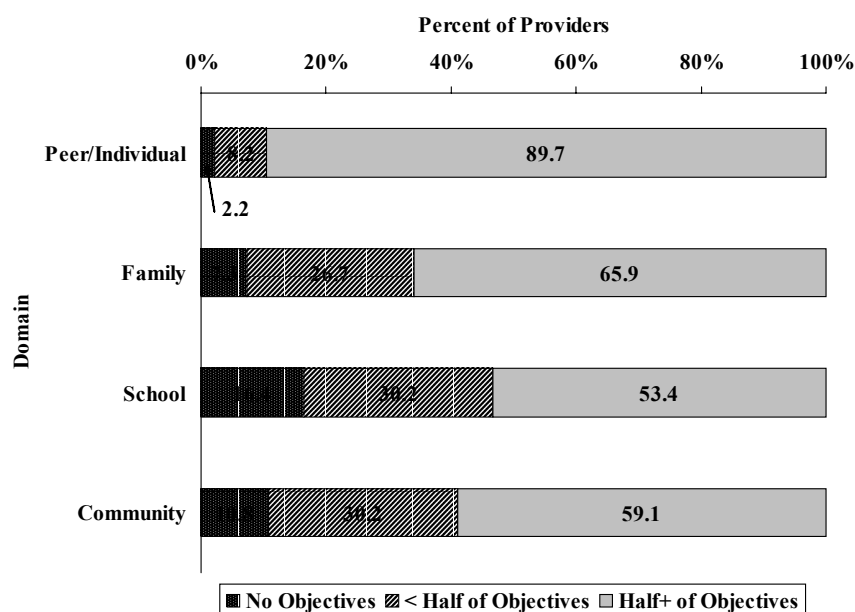
* Providers with missing values for all objectives within a domain were excluded.

Exhibit 5.3 examines regional differences in providers that addressed (again, reported spending moderate or significant time on) half or more objectives within each domain. In addition, it reports the average number of objective domains addressed by providers in each region. The percentage of providers addressing the peer/individual (97.1 percent) and family (79.4 percent) domains was particularly high in the Western region. The school domain was addressed by Northern region providers in particular (64.5 percent), and the Western, Northern, and Upper Peninsula regions had the highest rates of providers addressing the community domain objectives (73.5-75.0 percent). In contrast, the proportion of providers addressing the family (58.3 percent) and school (33.3 percent) domains was lowest in the Detroit region, and Southeastern region providers were least likely to be addressing objectives within the community domain (43.2 percent). Overall, the Western region had the highest average of domains addressed per provider (3.06), compared to the Southeastern and Detroit regions, which had the lowest averages (2.43 and 2.46, respectively).

Exhibit 5.3   Number (Percent) of Providers Addressing Half or More Objectives within Domains, by Region

| | Region | | | | | | | |
Domain	Upper Peninsula (n=20)	Northern (n=31)	Western (n=34)	Central (n=20)	Eastern (n=29)	South-eastern (n=74)	Detroit (n=24)	Statewide (n=232)*
Peer/ Individual	16 (80.0)	28 (90.3)	33 (97.1)	18 (90.0)	26 (89.7)	65 (87.8)	22 (91.7)	208 (89.7)
Family	13 (65.0)	21 (67.7)	27 (79.4)	14 (70.0)	20 (69.0)	44 (59.5)	14 (58.3)	153 (65.9)
School	11 (55.0)	20 (64.5)	19 (55.9)	11 (55.0)	16 (55.2)	39 (52.7)	8 (33.3)	124 (53.4)
Community	15 (75.0)	23 (74.2)	25 (73.5)	12 (60.0)	15 (51.7)	32 (43.2)	15 (62.5)	137 (59.1)
Average Domains Addressed per Provider	2.75	2.97	3.06	2.75	2.66	2.43	2.46	2.68

* Providers with missing values for all objectives within a domain were excluded.

Specific Objectives Addressed. Exhibits 5.4 through 5.7 present the percentage of providers that reported spending at least some time (either moderate or significant time) on the individual substance abuse prevention objectives within each of the four domains. Not surprisingly, well over half of the providers (ranging from 66.3 percent to 95.7 percent) dedicated *at least some time* to the majority of peer/individual objectives. Noteworthy exceptions included reducing symptoms of depression (52.4 percent), providing alternative activities that are thrilling and socially acceptable (42.9 percent), and increasing involvement in religious activities (26.9 percent). For the family domain, the percentage of providers spending *at least some time* on an objective was relatively high for improving parents' and children's family communication skills (81.8 percent) but low for reducing marital conflict (28.6 percent). Within the school domain, providers were least likely to have spent *at least some time* on increasing rewards for positive youth participation in schools (45.7 percent) and were highest for establishing and communicating clear policies regarding ATOD use (62.9 percent) and improving student commitment to education (63.7 percent). Developing or strengthening community laws that restrict ATOD use (43.1 percent) and improving adjustment to new home or school (34.1 percent) were particularly low for the community domain. Spending *at least some time* on increasing opportunities for positive youth involvement in the community, however, was reported by just over 70 percent of the respondents.

Exhibit 5.4 Percent of Providers Spending at Least Some Time on *Peer/Individual* Domain Objectives (n=232)*

Percent of Providers (%)

Objective	Significant Time	Moderate Time
Prevent or Delay the First Use of ATOD	55.6	30.2
Strengthen Perceptions about the Harmful Effects of ATOD	62.1	33.2
Strengthen Attitudes against ATOD Use	58.2	37.5
Prevent Antisocial Behavior	40.5	45.3
Strengthen Attitudes against Antisocial Behavior	43.1	45.7
Increase Involvement in Positive Social Activities	28.9	50.9
Increase Involvement in Religious Activities	6.1	20.8
Reduce Involvement in Delinquent Peer Groups	16.8	54.7
Reduce Involvement in Drug-Using Peer Groups	32.8	48.3
Reduce Rebelliousness among Youth	15.9	50.4
Increase Youth Who Have Positive Relationships with Adults	34.5	42.7
Reduce Symptoms of Depression	18.2	34.2
Improve Social Skills	63.4	28.9
Incr Youth Awareness of Peer Norms Opposed to ATOD Use	33.2	48.7
Provide Activities that Are Thrilling & Socially Acceptable	13.0	29.9
Peer-to-Peer Interaction	34.9	41.8

☐ Significant Time ☐ Moderate Time

* Providers with a missing value were excluded. The number of responding providers for each objective was 231 or 232.

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Exhibit 5.5 Percent of Providers Spending at Least Some Time on *Family* Domain Objectives (n=232)*

Percent of Providers (%)

Objective	Significant Time	Moderate Time
Reduce ATOD Use among Adult Family Members	19.1	42.6
Improve Parents' Family Management Skills	27.7	42.0
Improve Parents' and Children's Family Communication Skills	29.4	52.4
Change Parental Attitudes toward ATOD Use among Youth	21.1	48.7
Improve Parents' Ability to Provide Opportunities for Positive Family Involvement	19.0	47.0
Improve Parent Ability to Reward Positive Family Involvement	16.4	45.7
Reduce Marital Conflict	6.5	22.1

* Providers with a missing value were excluded. The number of responding providers for each objective ranged from 230 to 232.

Exhibit 5.6   Percent of Providers Spending at Least Some Time on *School* Domain Objectives (n=232)*

Percent of Providers (%)
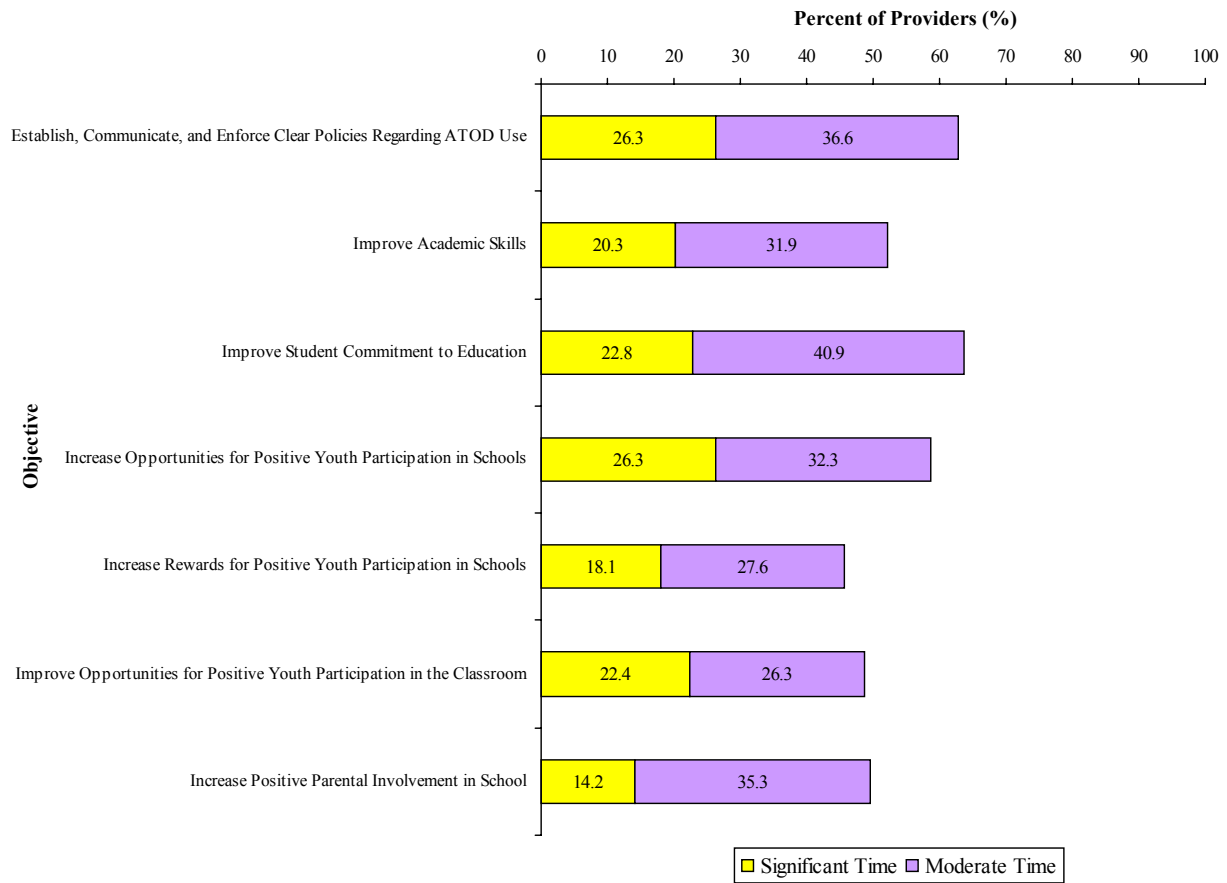
* Providers with a missing value were excluded.

Exhibit 5.7   Percent of Providers Spending at Least Some Time on *Community* Domain Objectives (n=232)*

Percent of Providers (%)

Objective	
Improve Adjustment to New Home or School (232)	Significant Time: 3.9, Moderate Time: 30.2
Reduce Youth Access to ATOD (232)	Significant Time: 24.1, Moderate Time: 38.4
Increase Opportunities for Positive Youth Involvement in the Community (232)	Significant Time: 26.3, Moderate Time: 44.8
Increase Rewards for Positive Youth Involvement in the Community (232)	Significant Time: 18.1, Moderate Time: 35.3
Develop or Strengthen Community Laws that Restrict ATOD Use (232)	Significant Time: 11.6, Moderate Time: 31.5
Strengthen Community Norms and/or Attitudes against ATOD Use (232)	Significant Time: 25.4, Moderate Time: 43.1
Improve Neighborhood Safety, Organization, and/or Sense of Community (232)	Significant Time: 15.1, Moderate Time: 36.2

☐ Significant Time ☐ Moderate Time

* Providers with a missing value were excluded.

Overall, nearly half or more of the respondents said that their staff spent *significant time* on only four of the 37 objectives, and each of these objectives were within the peer/individual domain: preventing or delaying the first use of ATOD (55.6 percent), strengthening perceptions about the harmful effects of ATOD (62.1 percent), strengthening attitudes against ATOD use (58.2 percent), and improving social skills (63.4 percent). For 20 of the remaining objectives, less than a quarter of the respondents indicated staff spent a *significant amount of time*. The objectives least likely to be receiving significant time by staff (7 percent or less) were increasing involvement in religious activities (peer/individual domain), reducing marital conflict (family domain), and improving adjustment to new home or school (community domain).

Exhibits 5.8 through 5.11 take a closer look at the providers that reported spending a *significant amount of time* on each of the substance abuse prevention objectives by region. In addition to presenting the number and percentage of providers within each region addressing each of the objectives, the table shows the average number of objectives within a domain that

Exhibit 5.8   Number (Percent) of Providers Spending Significant Time Addressing
Peer/Individual Objectives, by Region

	Region							
	Upper Peninsula	**Northern**	**Western**	**Central**	**Eastern**	**South-eastern**	**Detroit**	**Statewide**
Objective	(n=20)	(n=31)	(n=34)	(n=20)	(n=29)	(n=74)	(n=24)	(n=232)*
Improve Social Skills	9 (45.0)	18 (58.1)	23 (67.6)	13 (65.0)	17 (58.6)	52 (70.3)	15 (62.5)	147 (63.4)
Strengthen Perceptions about the Harmful Effects of ATOD	10 (50.0)	23 (74.2)	19 (55.9)	14 (70.0)	17 (58.6)	44 (59.5)	17 (70.8)	144 (62.1)
Strengthen Attitudes against ATOD Use	11 (55.0)	20 (64.5)	15 (44.1)	14 (70.0)	17 (58.6)	40 (54.1)	18 (75.0)	135 (58.2)
Prevent or Delay the First Use of ATOD	13 (65.0)	18 (58.1)	19 (55.9)	13 (65.0)	16 (55.2)	36 (48.6)	14 (58.3)	129 (55.6)
Strengthen Attitudes against Antisocial Behavior	6 (30.0)	10 (32.3)	14 (41.2)	10 (50.0)	12 (41.4)	34 (45.9)	14 (58.3)	100 (43.1)
Prevent Antisocial Behavior	7 (35.0)	9 (29.0)	15 (44.1)	9 (45.0)	11 (37.9)	29 (39.2)	14 (58.3)	94 (40.5)
Peer-to-Peer Interaction	6 (30.0)	10 (32.3)	15 (44.1)	5 (25.0)	7 (24.1)	25 (33.8)	13 (54.2)	81 (34.9)
Increase the Number of Youth Who Have Positive Relationships with Adults	9 (45.0)	9 (29.0)	12 (35.3)	8 (40.0)	8 (27.6)	26 (35.1)	8 (33.3)	80 (34.5)
Increase Youths' Awareness of Peer Norms Opposed to ATOD Use	7 (35.0)	12 (38.7)	6 (17.6)	9 (45.0)	7 (24.1)	28 (37.8)	8 (33.3)	77 (33.2)
Reduce Involvement in Drug-Using Peer Groups	7 (35.0)	4 (12.9)	9 (26.5)	8 (40.0)	9 (31.0)	24 (32.4)	15 (62.5)	76 (32.8)
Increase Involvement in Positive Social Activities	8 (40.0)	9 (29.0)	9 (26.5)	4 (20.0)	4 (13.8)	23 (31.1)	10 (41.7)	67 (28.9)
Reduce Symptoms of Depression	4 (20.0)	3 (9.7)	6 (17.6)	3 (15.0)	3 (10.3)	15 (20.5)	8 (33.3)	42 (18.2)
Reduce Involvement in Delinquent Peer Groups	5 (25.0)	1 (3.2)	4 (11.8)	5 (25.0)	4 (13.8)	15 (20.3)	5 (20.8)	39 (16.8)
Reduce Rebelliousness Among Youth	5 (25.0)	3 (9.7)	5 (14.7)	4 (20.0)	3 (10.3)	14 (18.9)	3 (12.5)	37 (15.9)
Provide Alternative Activities that Are Thrilling and Socially Acceptable	2 (10.0)	4 (12.9)	4 (11.8)	2 (10.5)	3 (10.3)	11 (14.9)	4 (16.7)	30 (13.0)
Increase Involvement in Religious Activities	3 (15.0)	0 (0.0)	1 (2.9)	1 (5.3)	0 (0.0)	2 (2.7)	7 (29.2)	14 (6.1)
Average Objectives Addressed per Provider	5.60	4.94	5.18	6.10	4.76	5.65	7.21	5.57

* Providers with a missing value were excluded. For the average objectives addressed, providers with missing values for all
objectives were excluded. The number of responding providers for each objective statewide was 231 or 232.

Exhibit 5.9 Number (Percent) of Providers Spending Significant Time Addressing *Family* Objectives, by Region

| | Region | | | | | | | |
| | Upper Peninsula | Northern | Western | Central | Eastern | South-eastern | Detroit | Statewide |
Objective	(n=20)	(n=31)	(n=34)	(n=20)	(n=29)	(n=74)	(n=24)	(n=232)*
Improve Parents' and Children's Family Communication Skills	3 (15.0)	9 (29.0)	11 (32.4)	11 (55.0)	7 (24.1)	21 (28.8)	6 (25.0)	68 (29.4)
Improve Parents' Family Management Skills	3 (15.0)	8 (25.8)	12 (35.3)	11 (55.0)	6 (20.7)	18 (24.7)	6 (25.0)	64 (27.7)
Change Parental Attitudes toward ATOD Use Among Youth	4 (20.0)	7 (22.6)	6 (17.6)	7 (35.0)	3 (10.3)	15 (20.3)	7 (29.2)	49 (21.1)
Reduce ATOD Use among Adult Family Members	4 (20.0)	6 (19.4)	6 (17.6)	6 (30.0)	5 (17.2)	11 (15.1)	6 (26.1)	44 (19.1)
Improve Parents' Ability to Provide Opportunities for Positive Family Involvement	0 (0.0)	5 (16.1)	6 (17.6)	6 (30.0)	3 (10.3)	18 (24.3)	6 (25.0)	44 (19.0)
Improve Parents' Ability to Reward Positive Family Involvement	0 (0.0)	4 (12.9)	5 (14.7)	7 (35.0)	2 (6.9)	15 (20.3)	5 (20.8)	38 (16.4)
Reduce Marital Conflict	1 (5.0)	1 (3.3)	3 (8.8)	3 (15.0)	1 (3.4)	5 (6.8)	1 (4.2)	15 (6.5)
Average Objectives Addressed per Provider	0.75	1.29	1.44	2.55	0.93	1.39	1.54	1.39

* Providers with a missing value were excluded. For the average objectives addressed, providers with missing values for all objectives were excluded. The number of responding providers for each objective statewide ranged from 230 to 232.

Exhibit 5.10   Number (Percent) of Providers Spending Significant Time Addressing _School_ Objectives, by Region

	Region							
	Upper Peninsula	**Northern**	**Western**	**Central**	**Eastern**	**South-eastern**	**Detroit**	**Statewide**
Objective	(n=20)	(n=31)	(n=34)	(n=20)	(n=29)	(n=74)	(n=24)	(n=232)*
Establish, Communicate, and Enforce Clear Policies Regarding ATOD Use	6 (30.0)	13 (41.9)	7 (20.6)	7 (35.0)	5 (17.2)	21 (28.4)	2 (8.3)	61 (26.3)
Increase Opportunities for Positive Youth Participation in Schools	5 (25.0)	9 (29.0)	8 (23.5)	6 (30.0)	7 (24.1)	22 (29.7)	4 (16.7)	61 (26.3)
Improve Student Commitment to Education	2 (10.0)	11 (35.5)	6 (17.6)	5 (25.0)	6 (20.7)	19 (25.7)	4 (16.7)	53 (22.8)
Improve Opportunities for Positive Youth Participation in the Classroom	5 (25.0)	9 (29.0)	8 (23.5)	4 (20.0)	6 (20.7)	17 (23.0)	3 (12.5)	52 (22.4)
Improve Academic Skills	2 (10.0)	10 (32.3)	6 (17.6)	4 (20.0)	5 (17.2)	19 (25.7)	1 (4.2)	47 (20.3)
Increase Rewards for Positive Youth Participation in Schools	0 (0.0)	8 (25.8)	4 (11.8)	6 (30.0)	5 (17.2)	16 (21.6)	3 (12.5)	42 (18.1)
Increase Positive Parental Involvement in School	1 (5.0)	6 (19.4)	7 (20.6)	5 (25.0)	4 (13.8)	10 (13.5)	0 (0.0)	33 (14.2)
Average Objectives Addressed per Provider	1.05	2.13	1.35	1.85	1.31	1.68	0.71	1.50

* Providers with a missing value were excluded. For the average objectives addressed, providers with missing values for all objectives were excluded.

Exhibit 5.11   Number (Percent) of Providers Spending Significant Time Addressing *Community* **Objectives, by Region**

| | Region | | | | | | | |
| | Upper Peninsula | Northern | Western | Central | Eastern | South-eastern | Detroit | Statewide |
Objective	(n=20)	(n=31)	(n=34)	(n=20)	(n=29)	(n=74)	(n=24)	(n=232)*
Increase Opportunities for Positive Youth Involvement in the Community	6 (30.0)	9 (29.0)	11 (32.4)	3 (15.0)	4 (13.8)	19 (25.7)	9 (37.5)	61 (26.3)
Strengthen Community Norms and/or Attitudes against ATOD Use	7 (35.0)	10 (32.3)	7 (20.6)	6 (30.0)	5 (17.2)	15 (20.3)	9 (37.5)	59 (25.4)
Reduce Youth Access to ATOD	6 (30.0)	9 (29.0)	6 (17.6)	6 (30.0)	4 (13.8)	18 (24.3)	7 (29.2)	56 (24.1)
Increase Rewards for Positive Youth Involvement in the Community	3 (15.0)	5 (16.1)	7 (20.6)	2 (10.0)	5 (17.2)	13 (17.6)	7 (29.2)	42 (18.1)
Improve Neighborhood Safety, Organization, and/or Sense of Community	2 (10.0)	4 (12.9)	6 (17.6)	3 (15.0)	3 (10.3)	9 (12.2)	8 (33.3)	35 (15.1)
Develop or Strengthen Community Laws that Restrict ATOD Use	2 (10.0)	8 (25.8)	2 (5.9)	4 (20.0)	1 (3.4)	7 (9.5)	3 (12.5)	27 (11.6)
Improve Adjustment to New Home or School	0 (0.0)	1 (3.2)	0 (0.0)	1 (5.0)	2 (6.9)	4 (5.4)	1 (4.2)	9 (3.9)
Average Objectives Addressed per Provider	1.30	1.48	1.15	1.25	0.83	1.15	1.83	1.25

* Providers with a missing value were excluded. For the average objectives addressed, providers with missing values for all objectives were excluded.

received *significant time* per provider. Overall, providers on average spent *significant time* on 5.57 peer/individual objectives, 1.39 family objectives, 1.50 school objectives, and 1.25 community objectives. For the peer/individual domain, the average number of objectives was highest in the Detroit region (7.21) and lowest in the Eastern region (4.76). The highest and lowest averages for the family domain were for the Central region (2.55) and Upper Peninsula region (0.75), respectively. For the school domain objectives, the Northern region had the highest average (2.13), whereas Detroit had the lowest (0.71). For objectives in the community domain, Detroit's average was the highest at 1.83, in comparison to the Eastern region, which reported spending *significant time* on an average of 0.83 objectives.

5.2   Substance Abuse Prevention Activities/Services

Respondents were asked to identify the types of substance abuse prevention activities/services they provided during the past fiscal year (FY 2000) or 12 months. The questionnaire included a list of 38 activities/services. Similar to the substance abuse prevention objectives discussed above, the activities/services were grouped into peer/individual (14 activities/services), family (5 activities/services), school (11 activities/services), and community (7 activities/services) domains. Respondents circled "yes" or "no" for each activity/service and were asked to name any other substance abuse prevention activities/services provided as well.

Domains of Activities/Services Provided. To examine the extent to which each of the four domains of services/activities was being provided, the percentage of providers that reported providing none of the activities/services, less than half of the activities/services, or half and more of the activities/services in each of the domains was calculated. The results for all respondents statewide are found in Exhibit 5.12. Overall, the domain with the highest proportion of providers providing half or more of the activities/services was the community domain, followed by the peer/individual domain. However, for both of these domains, that proportion was limited to approximately a third. Only 14.3 percent of the providers indicated that they provided half or more of the activities/services within the family domain. The majority of the respondents provided at least some activities/services in each domain. However, nearly a quarter of all providers reported no activities/services within the family and school domains.

Exhibit 5.12   Percent of Providers Providing Activities/Services within Domains (n=240)*
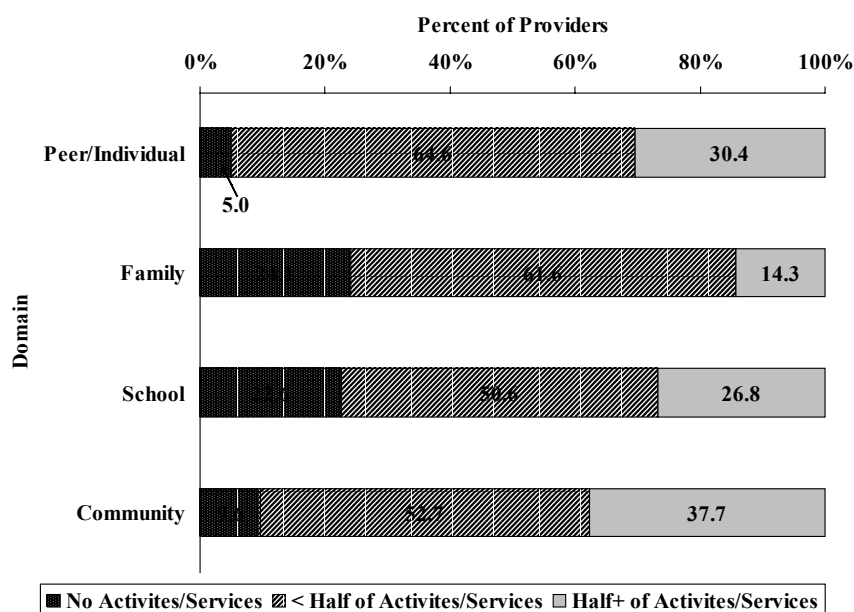
Percent of Providers

■ No Activites/Services	⊠ < Half of Activites/Services	□ Half+ of Activites/Services	

* Providers with missing values for all activities/services within a domain were excluded. The number of responding providers for each domain ranged from 237 to 240.

Exhibit 5.13 examines regional differences in providers that provided half or more activities/services within each domain. In addition, it reports the average number of activity/service domains addressed (i.e., whereby at least half of the activities/services were provided) by providers in each region. The percentage of providers providing services in the peer/individual (41.9 percent), school (51.6 percent), and community (54.8 percent) domains was particularly high in the Northern region. The Central region also had a relatively high percentage of providers (50.0 percent) providing services in the community domain. In contrast, the providers in the Upper Peninsula region were least likely to have provided services in the family domain (5.6 percent), those in the Eastern region were least likely to have provided services in the school domain (6.7 percent), and those in the Southeastern region were least likely to have provided services in the community domain (26.7 percent). In addition, the percentage of providers in the Detroit region addressing the family, school, and community domains was also noticeably low. Overall, the Northern region had the highest average number of domains provided per provider (1.65), compared to the Eastern and Detroit regions, which had the lowest averages (0.83 and 0.72, respectively).

Exhibit 5.13   Number (Percent) of Providers Providing Half or More Activities/Services within Domains, by Region

| | Region | | | | | | | |
Domain	Upper Peninsula (n=20)	Northern (n=31)	Western (n=36)	Central (n=22)	Eastern (n=30)	South-eastern (n=76)	Detroit (n=25)	Statewide (n=240)*
Peer/ Individual	5 (25.0)	13 (41.9)	11 (30.6)	5 (22.7)	8 (26.7)	24 (31.6)	7 (28.0)	73 (30.4)
Family	1 (5.6)	5 (16.1)	5 (13.9)	3 (13.6)	4 (13.3)	14 (18.7)	2 (8.0)	34 (14.3)
School	6 (30.0)	16 (51.6)	10 (27.8)	7 (31.8)	2 (6.7)	21 (28.0)	2 (8.0)	64 (26.8)
Community	9 (45.0)	17 (54.8)	15 (41.7)	11 (50.0)	11 (36.7)	20 (26.7)	7 (28.0)	90 (37.7)
Average Domains Provided per Provider	1.05	1.65	1.14	1.18	0.83	1.04	0.72	1.09

* Providers with missing values for all activities/services within a domain were excluded. The number of responding providers for each domain statewide ranged from 237 to 240.

Specific Activities/Services Provided. Exhibits 5.14 through 5.17 present the number and percentage of providers that reported delivering the individual substance abuse prevention activities/services for all respondents statewide and by region. In addition, these tables show the average number of activities/services within each domain that was reported per provider.

Statewide, for the peer/individual domain, between a quarter and roughly a third of the providers reported having provided the majority of activities/services within that domain. Noteworthy exceptions included life skills/social skills training (85.4 percent), peer leadership/peer helper programs (53.3 percent), and mentoring (46.7 percent) as well as teen drop-in centers, which only 7.1 percent of respondents reported. For the family domain, the percentage of providers was relatively high for providing parenting/family management training (58.5 percent) but low for marital counseling (7.6 percent). Within the school domain, providers were most likely to report classroom curriculum presentation (51.9 percent), prevention education support groups (46.0 percent), and organization change in schools (44.4 percent) and least likely to report school transition (13.0 percent). Information dissemination (84.5 percent), community mobilization (53.1 percent), and community development/capacity building (50.6 percent) were particularly high under the community domain. For only 10 of the 38 activities/ services across all domains, the percentage of respondents was near or above 50 percent.

Exhibit 5.14 Number (Percent) of Providers Providing *Peer/Individual-Focused* Activities/Services, by Region

	Region							
	Upper Peninsula	**Northern**	**Western**	**Central**	**Eastern**	**South-eastern**	**Detroit**	**Statewide**
Activity/Service	(n=20)	(n=31)	(n=36)	(n=22)	(n=30)	(n=76)	(n=25)	(n=240)*
Life Skills/Social Skills Training	16 (80.0)	27 (87.1)	31 (86.1)	20 (90.9)	26 (86.7)	65 (85.5)	20 (80.0)	205 (85.4)
Peer Leadership/Peer Helper Programs	11 (55.0)	20 (64.5)	18 (50.0)	11 (50.0)	13 (43.3)	41 (53.9)	14 (56.0)	128 (53.3)
Mentoring	9 (45.0)	11 (35.5)	17 (47.2)	10 (45.5)	13 (43.3)	36 (47.4)	16 (64.0)	112 (46.7)
Youth Community Service Programs	9 (47.4)	17 (54.8)	17 (47.2)	6 (27.3)	10 (33.3)	34 (44.7)	9 (36.0)	102 (42.7)
Youth Community Actions Groups	8 (42.1)	21 (67.7)	10 (27.8)	7 (31.8)	11 (36.7)	27 (35.5)	7 (28.0)	91 (38.1)
Drug-Free Social and Recreational Activities	8 (42.1)	18 (58.1)	12 (33.3)	5 (22.7)	7 (23.3)	27 (35.5)	13 (52.0)	90 (37.7)
Supervised After-School Recreation Programs	6 (31.6)	17 (54.8)	12 (33.3)	9 (40.9)	10 (33.3)	30 (39.5)	6 (24.0)	90 (37.7)
Career/Job Skills Training	4 (21.1)	11 (35.5)	12 (33.3)	8 (36.4)	8 (26.7)	27 (35.5)	10 (40.0)	80 (33.5)
Tutoring Programs	1 (5.3)	11 (35.5)	9 (25.0)	4 (18.2)	8 (26.7)	29 (38.2)	9 (36.0)	71 (29.7)
Teen Parenting Education	5 (26.3)	10 (32.3)	15 (41.7)	6 (27.3)	8 (26.7)	23 (30.3)	3 (12.0)	70 (29.3)
Youth Support Groups	4 (21.1)	15 (48.4)	5 (13.9)	4 (18.2)	4 (13.3)	28 (36.8)	4 (16.0)	64 (26.8)
Intergenerational	9 (47.4)	7 (22.6)	8 (22.2)	5 (22.7)	5 (16.7)	20 (26.3)	5 (20.0)	59 (24.7)
Youth Adventure-Based Programs	6 (31.6)	9 (29.0)	10 (27.8)	3 (13.6)	8 (26.7)	18 (23.7)	2 (8.0)	56 (23.4)
Teen Drop-In Centers	2 (10.5)	5 (16.1)	1 (2.8)	1 (4.5)	4 (13.3)	3 (3.9)	1 (4.0)	17 (7.1)
Other	10 (50.0)	9 (29.0)	6 (16.7)	8 (36.4)	9 (30.0)	19 (25.0)	11 (44.0)	72 (30.0)
Average Activities/ Services per Provider	5.60	6.84	5.11	5.05	4.87	5.71	5.44	5.56

* Providers with a missing value were excluded. For the average activities/services provided, providers with missing values for all activities/services were excluded. The number of responding providers for each activity/service statewide was 239 or 240.

**Exhibit 5.15   Number (Percent) of Providers Providing *Family-Focused* Activities/
Services, by Region**

	Region							
Activity/Service	**Upper Peninsula** (n=18)	**Northern** (n=31)	**Western** (n=36)	**Central** (n=22)	**Eastern** (n=30)	**South-eastern** (n=75)	**Detroit** (n=25)	**Statewide** (n=237)*
Parenting/Family Management Training	10 (58.8)	20 (64.5)	25 (69.4)	15 (68.2)	13 (43.3)	45 (60.0)	10 (40.0)	138 (58.5)
Family Support	9 (52.9)	10 (32.3)	13 (36.1)	7 (31.8)	12 (40.0)	23 (30.7)	8 (32.0)	82 (34.7)
Early Childhood Education	7 (41.2)	15 (48.4)	12 (33.3)	6 (27.3)	7 (23.3)	28 (37.3)	6 (24.0)	81 (34.3)
Prenatal/Infancy	5 (29.4)	8 (25.8)	12 (33.3)	6 (27.3)	5 (16.7)	19 (25.3)	3 (12.0)	58 (24.6)
Premarital Counseling	2 (11.8)	2 (6.5)	4 (11.1)	2 (9.1)	2 (6.7)	4 (5.3)	2 (8.0)	18 (7.6)
Other	4 (22.2)	4 (12.9)	6 (16.7)	5 (22.7)	2 (6.7)	13 (17.3)	3 (12.0)	37 (15.6)
Average Activities/ Services per Provider	2.06	1.94	2.06	1.91	1.37	1.80	1.28	1.78

* Providers with a missing value were excluded. For the average activities/services provided, providers with missing values for
  all activities/services were excluded. The number of responding providers for each activity/service statewide was 236 or 237.

Exhibit 5.16   Number (Percent) of Providers Providing *School-Focused* Activities/Services, by Region

Activity/Service	Region							Statewide
	Upper Peninsula	Northern	Western	Central	Eastern	South-eastern	Detroit	
	(n=20)	(n=31)	(n=36)	(n=22)	(n=30)	(n=75)	(n=25)	(n=239)*
Classroom Curriculum Presentations	11 (55.0)	25 (80.6)	21 (58.3)	8 (36.4)	14 (46.7)	37 (49.3)	8 (32.0)	124 (51.9)
Prevention Education Support Groups	10 (50.0)	20 (64.5)	15 (41.7)	9 (40.9)	11 (36.7)	39 (52.0)	6 (24.0)	110 (46.0)
Organizational Change in Schools	10 (50.0)	24 (77.4)	17 (47.2)	11 (50.0)	7 (23.3)	32 (42.7)	5 (20.0)	106 (44.4)
Parental-Involvement Initiatives	7 (35.0)	14 (45.2)	14 (38.9)	10 (45.5)	8 (26.7)	34 (45.3)	4 (16.0)	91 (38.1)
Development of School Policies that Discourage Substance Use/Abuse	10 (50.0)	19 (61.3)	15 (41.7)	9 (40.9)	6 (20.0)	28 (37.3)	3 (12.0)	90 (37.7)
Enforcement of School Policies that Discourage Substance Use/Abuse	6 (31.6)	16 (51.6)	13 (36.1)	10 (45.5)	6 (20.0)	29 (38.7)	4 (16.0)	84 (35.3)
Student Assistance Programs	6 (30.0)	19 (61.3)	14 (38.9)	7 (31.8)	11 (36.7)	23 (30.7)	3 (12.0)	83 (34.7)
Classroom Organization, Management, and Instructional Practices	7 (35.0)	19 (61.3)	14 (38.9)	4 (18.2)	6 (20.0)	24 (32.0)	4 (16.0)	78 (32.6)
School Behavior Management	4 (21.1)	13 (41.9)	9 (25.0)	9 (40.9)	8 (26.7)	22 (29.3)	6 (24.0)	71 (29.8)
Curriculum Infusion Initiatives	4 (21.1)	10 (32.3)	12 (33.3)	7 (31.8)	3 (10.0)	22 (29.3)	3 (12.0)	61 (25.6)
School Transition	2 (10.5)	3 (9.7)	4 (11.1)	3 (13.6)	4 (13.3)	14 (18.7)	1 (4.0)	31 (13.0)
Other	2 (10.0)	3 (9.7)	2 (5.6)	2 (9.1)	2 (6.7)	7 (9.3)	2 (8.0)	20 (8.4)
Average Activities/ Services per Provider	4.00	6.00	4.17	4.09	2.87	4.16	2.00	3.99

* Providers with a missing value were excluded. For the average activities/services provided, providers with missing values for all activities/services were excluded. The number of responding providers for each activity/service statewide was 238 or 239.

**Exhibit 5.17   Number (Percent) of Providers Providing *Community-Focused* Activities/
Services, by Region**

	Region							
	Upper Peninsula	**Northern**	**Western**	**Central**	**Eastern**	**South-eastern**	**Detroit**	**Statewide**
Activity/Service	(n=20)	(n=31)	(n=36)	(n=22)	(n=30)	(n=75)	(n=25)	(n=239)*
Information Dissemination	16 (84.2)	26 (83.9)	33 (91.7)	20 (90.9)	24 (80.0)	61 (81.3)	21 (84.0)	201 (84.5)
Community Mobilization	11 (55.0)	18 (58.1)	17 (47.2)	13 (59.1)	14 (46.7)	40 (53.3)	14 (56.0)	127 (53.1)
Community Development/ Capacity Building	11 (55.0)	16 (51.6)	21 (58.3)	14 (63.6)	9 (30.0)	33 (44.0)	17 (68.0)	121 (50.6)
Media Campaigns	14 (70.0)	20 (64.5)	14 (38.9)	10 (45.5)	14 (46.7)	28 (37.3)	9 (36.0)	109 (45.6)
Enforcement of Community Laws and Policies that Discourage Substance Abuse	8 (42.1)	17 (54.8)	17 (47.2)	8 (36.4)	11 (36.7)	22 (29.3)	6 (24.0)	89 (37.4)
Community Assessment Surveys	9 (45.0)	19 (61.3)	13 (36.1)	8 (36.4)	12 (40.0)	20 (26.7)	8 (32.0)	89 (37.2)
Development of Community Laws and Policies that Discourage Substance Abuse	9 (45.0)	16 (51.6)	11 (30.6)	9 (40.9)	8 (26.7)	17 (22.7)	6 (24.0)	76 (31.8)
Other	2 (10.5)	2 (6.5)	3 (8.3)	3 (13.6)	3 (10.0)	2 (2.7)	2 (8.0)	17 (7.1)
Average Activities/ Services per Provider	4.00	4.35	3.61	3.91	3.20	2.97	3.36	3.49

* Providers with a missing value were excluded. For the average activities/services provided, providers with missing values for
  all activities/services were excluded. The number of responding providers for each activity/service statewide was 238 or 239.

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Overall, agencies on average provided 5.56 peer/individual-focused activities/services, 1.78 family-focused activities/services, 3.99 school-focused activities/services, and 3.49 community-focused activities/services. Across all regions, family focused activities were the least focused on by respondents. For the peer/individual domain, the average was highest in the Northern region (6.84) and lowest in the Eastern region (4.87). For the family domain, both the Upper Peninsula and Western regions had the highest average (2.06), whereas Detroit had the lowest (1.28). The highest and lowest averages for the school domain were for Northern (6.00) and Detroit (2.00) regions, respectively. For the community domain, Northern's average was the highest (4.35), in comparison to the Southeastern region, which was the lowest (2.97) at providing services in this domain.

5.3   Populations Served

Providers were asked to report the number of participants served by their substance abuse prevention activities/services in the past fiscal year (FY 2000) or 12 months. The questionnaire collected not only the total number of individuals served but asked for this information by specific age, race/ethnicity, and gender groups. Additionally, respondents were asked to indicate (by circling "yes") whether their agency served a number of different school-, youth-, community-, family-, and business/work-based populations within the same time frame. Exhibits 5.18 and 5.19 present these data for providers statewide and by region.

As shown in Exhibit 5.18, the majority of providers reported providing services to all age groups between 5 and 65 years, with the highest percentage (85.1 percent) of providers serving the age groups of 10-15 years and 16-19 years. The percentages for these two age groups were especially high in the Upper Peninsula and Northern regions, where 92-100 percent of the providers reported serving these individuals. Only about a third of the providers statewide reported that they had served 0-4 year olds or individuals 65 years and older. However, these percentages were not as low in the Upper Peninsula region, where 42.1 percent of the providers served 0-4 year olds as well as individuals older than 65, and in the Northern and Eastern regions, where nearly half of the respondents had provided services to the oldest age group.

A large proportion of providers statewide reported White (95.0 percent), Black/African-American (87.3 percent), and Hispanic (74.5 percent) participants. Populations served generally are in line with census data on populations living in any particular region. Furthermore, roughly half of the respondents in the Southeastern region said they had served participants of Arab American/Chaldean origin, and more than half of the respondents in the Upper Peninsula and Northern regions reported American Indian/Alaska Native participants. Approximately half of the respondents in the Western and Central regions had also served both American Indian/Alaska Native and Asian participants. The region with the highest percentage of providers that served

Exhibit 5.18   Number (Percent) of Providers Serving Specific Demographic Groups, by Region

Demographic Group	Region							
	Upper Peninsula (n=19)	Northern (n=27)	Western (n=34)	Central (n=21)	Eastern (n=28)	South-eastern (n=68)	Detroit (n=25)	Statewide (n=222)*
Age								
0 - 4	8 (42.1)	8 (32.0)	11 (33.3)	6 (28.6)	8 (28.6)	21 (31.8)	5 (20.0)	67 (30.9)
5 - 9	12 (63.2)	22 (84.6)	20 (58.8)	12 (57.1)	13 (46.4)	41 (60.3)	16 (64.0)	136 (61.5)
10 - 15	18 (94.7)	26 (100.0)	28 (82.4)	17 (81.0)	20 (71.4)	58 (85.3)	21 (84.0)	188 (85.1)
16 - 19	19 (100.0)	24 (92.3)	31 (91.2)	16 (76.2)	25 (89.3)	58 (85.3)	15 (60.0)	188 (85.1)
20 - 24	17 (89.5)	17 (68.0)	24 (70.6)	15 (71.4)	20 (71.4)	39 (57.4)	9 (36.0)	141 (64.1)
25 - 44	15 (78.9)	18 (72.0)	24 (70.6)	15 (71.4)	22 (78.6)	48 (70.6)	14 (56.0)	156 (70.9)
45 - 65	15 (78.9)	15 (60.0)	19 (55.9)	14 (66.7)	20 (71.4)	44 (64.7)	12 (48.0)	139 (63.2)
65 +	8 (42.1)	12 (48.0)	14 (41.2)	7 (33.3)	13 (46.4)	20 (30.8)	7 (28.0)	81 (37.3)
Race/Ethnicity								
White	19 (100.0)	26 (100.0)	32 (97.0)	21 (100.0)	28 (100.0)	63 (92.6)	20 (80.0)	209 (95.0)
Arab American/Chaldean Origin	2 (10.5)	2 (7.7)	6 (18.2)	6 (30.0)	4 (14.3)	32 (47.8)	7 (30.4)	59 (27.3)
Black/African-American	13 (68.4)	20 (76.9)	31 (91.2)	20 (95.2)	25 (89.3)	59 (86.8)	25 (100.0)	193 (87.3)
Hispanic	7 (36.8)	21 (80.8)	28 (84.8)	19 (90.5)	26 (92.9)	49 (72.1)	14 (56.0)	164 (74.5)
Latino	2 (10.5)	3 (11.5)	12 (38.7)	9 (42.9)	5 (17.9)	16 (23.9)	6 (25.0)	53 (24.5)
American Indian/Alaska Native	15 (78.9)	17 (65.4)	19 (59.4)	11 (52.4)	10 (35.7)	19 (28.4)	1 (4.3)	92 (42.6)
Asian	8 (42.1)	9 (34.6)	16 (50.0)	10 (47.6)	9 (32.1)	28 (41.2)	3 (12.5)	83 (38.1)
Native Hawaiian/Other Pacific Islander	4 (21.1)	4 (15.4)	3 (9.4)	5 (25.0)	0 (0.0)	4 (6.1)	1 (4.3)	21 (9.8)
Gender								
Male	19 (100.0)	27 (100.0)	34 (100.0)	21 (100.0)	28 (100.0)	66 (97.1)	22 (88.0)	217 (97.7)
Female	19 (100.0)	26 (96.3)	33 (97.1)	21 (100.0)	25 (89.3)	68 (100.0)	24 (96.0)	216 (97.3)

* Providers with a missing value were excluded. The number of responding providers for each demographic group statewide ranged from 216 to 222.

Exhibit 5.19   Number (Percent) of Providers Serving Specific Populations, by Region

	Region							
Population	**Upper Peninsula** (n=20)	**Northern** (n=31)	**Western** (n=34)	**Central** (n=22)	**Eastern** (n=29)	**South-eastern** (n=74)	**Detroit** (n=24)	**Statewide** (n=234)*
General Population	14 (73.7)	23 (74.2)	21 (61.8)	14 (63.6)	21 (72.4)	50 (67.6)	12 (50.0)	155 (66.5)
School								
High School Students	18 (94.7)	29 (93.5)	30 (88.2)	19 (86.4)	21 (72.4)	57 (77.0)	13 (54.2)	187 (80.3)
Middle/Junior High School Students	17 (89.5)	26 (83.9)	29 (85.3)	19 (86.4)	20 (69.0)	60 (81.1)	16 (66.7)	187 (80.3)
Elementary School Students	11 (57.9)	24 (77.4)	23 (67.6)	16 (72.7)	15 (51.7)	50 (67.6)	15 (62.5)	154 (66.1)
Teachers/Administrators/ Counselors	8 (42.1)	24 (77.4)	22 (64.7)	14 (63.6)	16 (55.2)	40 (54.1)	3 (12.5)	127 (54.5)
Preschool Students	4 (21.1)	17 (54.8)	12 (35.3)	7 (31.8)	6 (20.7)	31 (41.9)	6 (25.0)	83 (35.6)
College Students	7 (36.8)	9 (29.0)	8 (23.5)	7 (31.8)	8 (27.6)	21 (28.4)	6 (25.0)	66 (28.3)
High-Risk Youth								
Economically Disadvantaged	14 (73.7)	22 (71.0)	25 (73.5)	17 (77.3)	23 (79.3)	48 (64.9)	16 (66.7)	165 (70.8)
Students at Risk of Dropping Out of School	13 (68.4)	20 (64.5)	25 (73.5)	15 (68.2)	16 (55.2)	49 (66.2)	10 (41.7)	148 (63.5)
Youth Using Substances, Excluding Those in Need of Treatment	17 (89.5)	19 (61.3)	22 (64.7)	13 (59.1)	16 (55.2)	43 (58.1)	11 (45.8)	141 (60.5)
Delinquent/Violent Youth	14 (73.7)	17 (54.8)	24 (70.6)	14 (63.6)	18 (62.1)	42 (56.8)	8 (33.3)	137 (58.8)
COSAs/Children of Substance Abusers	13 (68.4)	16 (51.6)	21 (61.8)	13 (59.1)	14 (48.3)	45 (60.8)	13 (54.2)	135 (57.9)
School Dropouts/Academic Failure	9 (47.4)	17 (54.8)	16 (47.1)	12 (54.5)	14 (48.3)	40 (54.1)	8 (33.3)	116 (49.8)
Foster Children	9 (47.4)	16 (51.6)	13 (38.2)	7 (31.8)	12 (41.4)	24 (32.4)	7 (29.2)	88 (37.8)
Pregnant Teenagers	8 (42.1)	12 (38.7)	18 (52.9)	7 (31.8)	8 (27.6)	30 (40.5)	4 (16.7)	87 (37.3)
Children Exposed Prenatally to Alcohol, Tobacco, and Other Drugs	11 (57.9)	10 (32.3)	12 (35.3)	5 (22.7)	7 (24.1)	30 (40.5)	11 (45.8)	86 (36.9)
Youth/Minors Not Included Under Other Categories	9 (47.4)	15 (48.4)	12 (35.3)	8 (36.4)	8 (27.6)	26 (35.1)	6 (25.0)	84 (36.1)
Teen Parents	8 (42.1)	13 (41.9)	17 (50.0)	7 (31.8)	7 (24.1)	26 (35.1)	4 (16.7)	82 (35.2)

(continued)

Exhibit 5.19 (continued)

				Region				
Population	**Upper Peninsula** (n=20)	**Northern** (n=31)	**Western** (n=34)	**Central** (n=22)	**Eastern** (n=29)	**South-eastern** (n=74)	**Detroit** (n=24)	**Statewide** (n=234)*
High-Risk Youth (cont.)								
Homeless/Runaway Youth	3 (15.8)	10 (32.3)	15 (44.1)	5 (22.7)	7 (24.1)	22 (29.7)	3 (12.5)	65 (27.9)
Gangs	2 (10.5)	4 (12.9)	8 (23.5)	4 (18.2)	5 (17.2)	13 (17.6)	3 (12.5)	39 (16.7)
Family								
Parents	16 (84.2)	23 (74.2)	29 (85.3)	17 (77.3)	22 (75.9)	61 (82.4)	17 (70.8)	185 (79.4)
Families	15 (78.9)	21 (67.7)	24 (70.6)	13 (59.1)	18 (62.1)	56 (75.7)	12 (50.0)	159 (68.2)
Grandparents	6 (31.6)	15 (48.4)	16 (47.1)	12 (54.5)	12 (41.4)	36 (48.6)	11 (45.8)	108 (46.4)
Step/Foster Parents	10 (52.6)	15 (48.4)	14 (41.2)	15 (68.2)	8 (27.6)	33 (44.6)	7 (29.2)	102 (43.8)
Community								
Community Involved Adults	13 (68.4)	20 (64.5)	19 (55.9)	13 (59.1)	16 (55.2)	39 (52.7)	8 (33.3)	128 (54.9)
Coalitions	12 (63.2)	20 (64.5)	14 (41.2)	13 (59.1)	15 (51.7)	41 (55.4)	9 (37.5)	124 (53.2)
Economically Disadvantaged Adults	11 (57.9)	11 (35.5)	18 (52.9)	13 (59.1)	16 (55.2)	35 (47.3)	12 (50.0)	116 (49.8)
Adults Using Substances, Excluding Those in Need of Treatment	12 (63.2)	14 (45.2)	13 (38.2)	11 (50.0)	18 (62.1)	31 (41.9)	6 (25.0)	105 (45.1)
Women of Childbearing Age	12 (63.2)	12 (38.7)	17 (50.0)	12 (54.5)	13 (44.8)	30 (40.5)	7 (29.2)	103 (44.2)
Volunteer Groups/ Organizations	8 (42.1)	18 (58.1)	16 (47.1)	9 (40.9)	15 (51.7)	27 (36.5)	8 (33.3)	101 (43.3)
Physically/Emotionally/ Sexually Abused People	12 (63.2)	12 (38.7)	14 (41.2)	9 (40.9)	14 (48.3)	22 (29.7)	7 (29.2)	90 (38.6)
Older Adults	10 (52.6)	9 (29.0)	14 (41.2)	9 (40.9)	12 (41.4)	22 (29.7)	9 (37.5)	85 (36.5)
Mental Health/Suicidal	8 (42.1)	12 (38.7)	12 (35.3)	8 (36.4)	10 (34.5)	25 (33.8)	7 (29.2)	82 (35.2)
Rural/Isolated Populations	15 (78.9)	21 (67.7)	17 (50.0)	9 (40.9)	9 (31.0)	11 (14.9)	0 (0.0)	82 (35.2)
Civic Groups	5 (26.3)	18 (58.1)	7 (20.6)	9 (40.9)	12 (41.4)	23 (31.1)	2 (8.3)	76 (32.6)
Pregnant Women	6 (31.6)	10 (32.3)	17 (50.0)	7 (31.8)	9 (31.0)	19 (25.7)	7 (29.2)	75 (32.2)
People with Disabilities	6 (31.6)	11 (35.5)	12 (35.3)	10 (45.5)	10 (34.5)	19 (25.7)	6 (25.0)	74 (31.8)

(continued)

Exhibit 5.19 (continued)

	Region							Statewide
Population	**Upper Peninsula** (n=20)	**Northern** (n=31)	**Western** (n=34)	**Central** (n=22)	**Eastern** (n=29)	**South-eastern** (n=74)	**Detroit** (n=24)	**Statewide** (n=234)*
Community (cont.)								
Urban/Inner City Populations	0 (0.0)	4 (12.9)	13 (38.2)	10 (45.5)	12 (41.4)	23 (31.1)	12 (50.0)	74 (31.8)
Law Enforcement/Military	7 (36.8)	14 (45.2)	10 (29.4)	10 (45.5)	7 (24.1)	23 (31.1)	0 (0.0)	71 (30.5)
Religious Groups	3 (15.8)	6 (19.4)	8 (23.5)	8 (36.4)	5 (17.2)	20 (27.0)	9 (37.5)	59 (25.3)
Homeless	4 (21.1)	5 (16.1)	11 (32.4)	5 (22.7)	6 (20.7)	18 (24.3)	7 (29.2)	56 (24.0)
Government/Elected Officials	5 (26.3)	12 (38.7)	3 (8.8)	8 (36.4)	8 (27.6)	15 (20.3)	1 (4.2)	52 (22.3)
Physically Disabled/Chronic Pain	5 (26.3)	8 (25.8)	9 (26.5)	5 (22.7)	6 (20.7)	15 (20.3)	3 (12.5)	51 (21.9)
Gamblers	5 (26.3)	6 (19.4)	7 (20.6)	3 (13.6)	6 (20.7)	11 (14.9)	5 (20.8)	43 (18.5)
Gays/Lesbians	5 (26.3)	7 (22.6)	8 (23.5)	5 (22.7)	3 (10.3)	9 (12.2)	3 (12.5)	40 (17.2)
Migrant Workers	0 (0.0)	2 (6.5)	11 (32.4)	1 (4.5)	7 (24.1)	5 (6.8)	1 (4.2)	27 (11.6)
Immigrants and Refugees	1 (5.3)	1 (3.2)	4 (11.8)	4 (18.2)	0 (0.0)	12 (16.2)	1 (4.2)	23 (9.9)
Business/Work Populations								
Human Service Entities	14 (70.0)	16 (51.6)	15 (44.1)	10 (45.5)	8 (27.6)	30 (40.5)	10 (41.7)	103 (44.0)
Health Care Professionals	10 (50.0)	15 (48.4)	16 (47.1)	15 (68.2)	13 (44.8)	25 (33.8)	5 (20.8)	99 (42.3)
Business and Industry	4 (20.0)	11 (35.5)	17 (50.0)	11 (50.0)	9 (31.0)	19 (25.7)	5 (20.8)	76 (32.5)
Small Business	3 (15.0)	5 (16.1)	9 (26.5)	7 (31.8)	6 (20.7)	15 (20.3)	3 (12.5)	48 (20.5)
Daycare	3 (15.0)	4 (12.9)	6 (17.6)	6 (27.3)	5 (17.2)	11 (14.9)	3 (12.5)	38 (16.2)
Teen Health Centers	4 (20.0)	4 (12.9)	3 (8.8)	5 (22.7)	4 (13.8)	10 (13.5)	5 (20.8)	35 (15.0)
Managed Care Organizations	2 (10.0)	2 (6.5)	5 (14.7)	5 (22.7)	4 (13.8)	7 (9.5)	4 (16.7)	29 (12.4)

* Providers were instructed to indicate which populations they served, not those that they did not. A lack of response was considered missing data only if a provider did not report serving <u>any</u> populations. Providers with a missing value were excluded. The number of responding providers for each population statewide was 233 or 234.

Latino participants was Central (42.9 percent). In addition, a quarter of all providers that reported Native Hawaiian/Other Pacific Islander participants were from the Central region. There was no difference between the overall percentage of providers serving women and men.

Exhibit 5.19 shows that 66.5 percent of the surveyed providers had served individuals from the general population in the past year. Given the age distribution of participants discussed above, it is not surprising that a large majority (80.3 percent) of respondents reported serving middle/junior high and high school populations. Other school and youth populations that received services by at least half of the providers were elementary school students, teachers/administrators/counselors, children of substance abusers, delinquent/violent youth, economically disadvantaged youth, school dropouts, students at risk of dropping out of school, and youth using substances who are not in need of treatment. Of note is that in the Northern region, preschool students are served at a higher rate (54.8 percent) than in other regions and statewide. Overall, the youth group that was served by the fewest providers was gangs (16.7 percent), although in the Western region this population received services by nearly 25 percent of the respondents. Across the majority of the school and youth populations, the percentage of providers from the Upper Peninsula, Northern, Western, and Central regions serving these populations was consistently higher than the statewide percentage. In contrast, the proportion of providers serving school and youth populations was consistently lower in the Southeastern and Detroit regions. In fact, the only youth population for which the Detroit percentage was higher than the state overall was children exposed prenatally to ATOD. Parents and families were served by the majority of providers (79.4 percent and 68.2 percent, respectively). Over half of the providers in the Central region served both grandparents and step/foster parents.

As far as community- and business/work-based populations are concerned, only three groups were served by about half or more of the providers statewide: community-involved adults (54.9 percent), economically disadvantaged adults (49.8 percent), and coalitions (53.2 percent). However, the majority of Upper Peninsula providers (ranging from 52.6 percent to 78.9 percent) served a number of community population groups, including older adults, the physically/ emotionally/sexually abused, rural/isolated populations, adults using substances, women of childbearing age, and human services entities. The community-based populations with the fewest providers reporting serving them included gay/lesbians (17.2 percent), migrant workers (11.6 percent), and immigrants and refugees (9.9 percent). Detroit providers were less likely than other regions to serve civic groups, government officials, immigrants and refugees, and migrants. Daycare (16.2 percent), teen health centers (15.0 percent), and managed care organizations (12.4 percent) were the business/work settings fewest respondents reported serving in the past year.

5.4   Location of Prevention Service Delivery

The COMPSA survey asked providers to respond to a section of the questionnaire for up to five counties in which they may have provided substance abuse prevention activities/services in the past fiscal year (FY 2000) or 12 months. These questions asked about which prevention activities/services were provided as well as the number of participants and demographic groups served in each county. The majority of the respondents (72.3 percent) completed this portion of the questionnaire for one county only, and 35 additional providers (14.7 percent) responded for two counties. Three of the respondents provided answers for more than five counties. The number of counties for which providers supplied information ranged from 1 to 15, with an average of 1.62 counties per provider.

Exhibit 5.20 summarizes the counties in which the surveyed providers provided prevention activities/services and for which participant data was collected. This table is organized by region and shows the number of providers that reported providing services in each county within the region. Each county in Michigan had at least one prevention provider serving the county in some way. The counties with the largest number of providers included Oakland (n=37), Wayne (Inside Detroit, n=31; Outside Detroit, n=27), Genesee (n=12), Macomb (n=11), and Livingston (n=10). Twelve counties had a single report of prevention services to residents: Benzie, Crawford, Lake, Leelanau, Manistee, Missaukee, Oceana, Osceola, Wexford, Ottawa, Van Buren, and Sanilac. Detailed information about the activities/services provided and participants served in each county in Michigan is provided in Appendix F.

5.5   Prevention Staff and Budget Resources

Prevention Staff. The COMPSA questionnaire asked for the total number of staff and staff hours devoted to face-to-face delivery of substance abuse prevention activities/services in the past fiscal year (FY 2000) or 12 months. Specifically, providers were asked to record the number of staff as well as the total direct service hours per week for both paid staff and volunteers. Statewide, providers reported a range of 0 to 47 of paid staff (mean=3.8; median=2.0), and the number of volunteers ranged from 0 to 328 (mean=3.4; median =0.0). The distribution of paid weekly staff time was from 0 to 427 hours (mean=47.7; median=25.0), and for weekly volunteer time, it was from 0 to 200 hours (mean=12.5; median=0.0).

Exhibit 5.21 summarizes the total number of staff and staff hours for all providers statewide and by region. Overall, approximately a third of the providers had fewer than 2 paid/volunteer staff. This level of staffing was particularly high in the Central and Eastern regions (45.0 percent and 51.8 percent) and lowest in the Southeastern and Detroit regions (23.7 percent and 16.7 percent).

Exhibit 5.20   Number of Providers Providing Activities/Services, by Region and County (n=238)

Upper Peninsula		Northern (cont.)		Central	
County		**County**		**County**	
Alger	3	Lake	1	Calhoun	9
Baraga	3	Leelanau	1	Clinton	5
Chippewa	4	Manistee	1	Eaton	4
Delta	2	Mason	2	Gratiot	4
Dickinson	4	Mecosta	3	Hillsdale	3
Gogebic	2	Midland	5	Ingham	7
Houghton	3	Missaukee	1	Jackson	6
Iron	3	Montmorency	2	Lenawee	7
Keweenaw	4	Oceana	1	Shiawassee	5
Luce	2	Ogemaw	3		
Mackinac	3	Osceola	1	**Eastern**	
Marquette	6	Oscoda	2	Bay	4
Menominee	2	Otsego	2	Genesee	12
Ontonagon	3	Presque Isle	2	Huron	2
Schoolcraft	4	Roscommon	2	Lapeer	4
		Wexford	1	Saginaw	7
Northern				St. Clair	7
Alcona	2			Sanilac	1
Alpena	2	**Western**		Tuscola	3
Antrim	2	Allegan	3		
Arenac	3	Barry	3	**Southeastern**	
Benzie	1	Berrien	3	Livingston	10
Charlevoix	3	Branch	2	Macomb	11
Cheboygan	3	Cass	3	Monroe	5
Clare	2	Ionia	3	Oakland	37
Crawford	1	Kalamazoo	7	Washtenaw	6
Emmet	2	Kent	7	Wayne (Outside Detroit)	27
Gladwin	4	Montcalm	4		
Grand Traverse	2	Muskegon	5	**Detroit**	
Iosco	2	Newaygo	5	Wayne (Inside Detroit)	31
Isabella	8	Ottawa	1		
Kalkaska	2	St. Joseph	6		
		Van Buren	1		

* Three respondents indicated their agencies provided services to all counties within the state; however, these respondents did not report county-level information.

Exhibit 5.21   Prevention Staff and Direct Service Staff Hours, by Region

	Region							
	Upper Peninsula (n=18)	**Northern** (n=29)	**Western** (n=30)	**Central** (n=20)	**Eastern** (n=27)	**Southeastern** (n=64)	**Detroit** (n=24)	**Statewide** (n=212)
Number of Paid and Volunteer Staff: Number (Percent) of Providers Reporting								
< 1	2 (11.1)	3 (11.5)	1 (3.4)	1 (5.0)	6 (22.2)	3 (5.1)	1 (4.2)	17 (8.4)
1 - 2	5 (27.8)	5 (19.2)	10 (34.5)	8 (40.0)	8 (29.6)	11 (18.6)	3 (12.5)	50 (24.6)
3 - 5	5 (27.8)	5 (19.2)	8 (27.6)	5 (25.0)	7 (25.9)	12 (20.3)	8 (33.3)	50 (24.6)
6 - 15	3 (16.7)	6 (23.1)	4 (13.8)	5 (25.0)	3 (11.1)	17 (28.8)	5 (20.8)	43 (21.2)
16 +	3 (16.7)	7 (26.9)	6 (20.7)	1 (5.0)	3 (11.1)	16 (27.1)	7 (29.2)	43 (21.2)
Total Number of Staff for Region								
Paid	39	112	103	56	52	331	117	809
Volunteer	226	346	283	58	163	1,376	382	2,834
Total	265	451	385	114	215	1,618	499	3,546
Number of Paid and Volunteer Staff Hours per Week: Number (Percent) of Providers Reporting								
< 20	9 (52.9)	7 (29.2)	8 (27.6)	6 (31.6)	15 (55.6)	14 (23.7)	4 (16.7)	63 (31.7)
20 - 39	4 (23.5)	5 (20.8)	8 (27.6)	2 (10.5)	7 (25.9)	19 (32.2)	6 (25.0)	51 (25.6)
40 - 79	1 (5.9)	6 (25.0)	6 (20.7)	8 (42.1)	4 (14.8)	11 (18.6)	8 (33.3)	44 (22.1)
80 +	3 (17.6)	6 (25.0)	7 (24.1)	3 (15.8)	1 (3.7)	15 (25.4)	6 (25.0)	41 (20.6)
Total Number of Staff Hours per Week for Region								
Paid	537	1,306	1,464	761	615	4,206	897	9,786
Volunteer	104	351	397	100	95	965	639	2,651
Total	576	1,522	1,861	861	710	5,069	1,536	12,135
Total FTEs per Week for Region								
Paid	13.4	32.7	36.6	19.0	15.4	105.2	22.4	244.7
Total	14.4	38.1	46.5	21.5	17.8	126.7	38.4	303.4

* Providers with a missing value were excluded. Providers with missing values for both paid staff and volunteers were excluded from the calculation of total staff and hours. The number of responding providers statewide ranged from 199 to 212.

Across all providers, the total number of paid and volunteer staff combined was 3,546 persons; 809 of these represented paid staff. Not surprisingly, the Southeastern region, with the largest number of providers responding, reported the highest number of staff (1,618 persons).

Overall, the number of paid and volunteer staff hours devoted to direct prevention service provision combined was less than 40 hours/week for approximately half of the providers. A higher percentage of providers in the Upper Peninsula and Eastern regions reported total weekly staff hours that were less than what a full-time position would normally be working. Across all providers, the total number of staff hours per week was 12,135, with the Southeastern region again contributing the most. The number of total full-time equivalents (FTEs) per week ranged from 14.4 (Upper Peninsula) to 126.2 (Southeastern).

Prevention Budget. Providers were asked to report the annual budget for substance abuse prevention (including planning, administrative, support and direct service time) for the past fiscal year (FY 2000) or 12 months. Providers across the state reported a range from no funding to a maximum of $4,281,000 (mean=$160,358; median=$65,728). Exhibit 5.22 summarizes the annual prevention budgets reported into five groupings for each region. Overall, 20 percent of the providers reported annual budgets of less than $20,000. This percentage was highest in the Upper Peninsula region (35.3 percent). Although nearly 40 percent of the providers statewide estimated budgets of $100,000 or more, less than 20 percent from the

Exhibit 5.22   Annual Prevention Budget, by Region

	Region							
	Upper Peninsula	Northern	Western	Central	Eastern	South-eastern	Detroit	Statewide
	(n=17)	(n=27)	(n=26)	(n=16)	(n=21)	(n=62)	(n=22)	(n=191)*
Annual Budget: Number (Percent) of Providers Reporting								
$0 - 19,999	6 (35.3)	6 (22.2)	5 (19.2)	1 (6.3)	6 (28.6)	9 (14.5)	6 (27.3)	39 (20.4)
$20,000 - 49,999	4 (23.5)	5 (18.5)	2 (7.7)	3 (18.8)	3 (14.3)	14 (22.6)	3 (13.6)	34 (17.8)
$50,000 - 99,999	4 (23.5)	9 (33.3)	7 (26.9)	4 (25.0)	8 (38.1)	10 (16.1)	3 (13.6)	45 (23.6)
$100,000 - 249,999	2 (11.8)	4 (14.8)	6 (23.1)	5 (31.3)	2 (9.5)	15 (24.2)	8 (36.4)	42 (22.0)
$250,000 +	1 (5.9)	3 (11.1)	6 (23.1)	3 (18.8)	2 (9.5)	14 (22.6)	2 (9.1)	31 (16.2)
Total Annual Budget for Region ($)								
	1,145,000	4,630,390	4,276,624	2,251,504	6,149,760	9,526,197	2,648,963	30,628,438

* Providers with a missing value were excluded.

Upper Peninsula and Eastern regions reported budgets at this level. Total annual prevention funding combined for all providers statewide was $30,628,438. The Southeastern region reported the most funding ($9,526,197), whereas Upper Peninsula providers reported the lowest funding ($1,145,000).

Exhibit 5.23 presents the number of weeks each provider operated during the past fiscal year or 12 months. As shown in this exhibit, more than half of all providers in every region indicated that their agencies were open year round.

Exhibit 5.23   Number (Percent) of Providers, by Weeks of Operation and Region

	Region							
Weeks	**Upper Peninsula** (n=19)	**Northern** (n=29)	**Western** (n=33)	**Central** (n=21)	**Eastern** (n=29)	**South-eastern** (n=72)	**Detroit** (n=24)	**Statewide** (n=227)*
1 - 26	0 (0.0)	0 (0.0)	0 (0.0)	1 (4.8)	2 (6.9)	4 (5.6)	3 (12.5)	10 (4.4)
27 - 39	1 (5.3)	5 (17.2)	1 (3.0)	2 (9.5)	3 (10.3)	2 (2.8)	3 (12.5)	17 (7.5)
40 - 51	4 (21.1)	9 (31.0)	8 (24.2)	5 (23.8)	8 (27.6)	24 (33.3)	3 (12.5)	61 (26.9)
52	14 (73.7)	15 (51.7)	24 (72.7)	13 (61.9)	16 (55.2)	42 (58.3)	15 (62.5)	139 (61.2)

* Providers with a missing value were excluded.

5.6   Data Uses

Respondents were asked whether they used data in the past fiscal year (FY 2000) or 12 months for any of a number of purposes pertaining to reporting, funding, planning, and evaluation. The questionnaire included nine categories. Respondents circled the items that applied to their agency and were asked to name any other purposes for which data had been used as well. Results for the state overall and for each region are presented in Exhibit 5.24.

The most frequently reported uses of data were for program planning (84.2 percent) and for determining program effectiveness (83.8 percent). Using data to meet funding requirements, for grant or contract proposals, or to provide a description of program activities and participants was also identified by approximately three-fourths of the providers. In contrast, only about a third of the providers reported using data for community mobilization and formal "needs assessment" efforts.

Exhibit 5.24   Number (Percent) of Providers Reporting Data Uses, by Region

	Region							
	Upper Peninsula	Northern	Western	Central	Eastern	South-eastern	Detroit	Statewide
Data Use	(n=20)	(n=31)	(n=34)	(n=20)	(n=28)	(n=71)	(n=24)	(n=228)*
Program Planning	17 (85.0)	26 (83.9)	30 (88.2)	14 (70.0)	24 (85.7)	59 (83.1)	22 (91.7)	192 (84.2)
Determine Program Effectiveness (outcome evaluation)	15 (75.0)	28 (90.3)	32 (94.1)	15 (75.0)	22 (78.6)	57 (80.3)	22 (91.7)	191 (83.8)
Grant or Contract Proposals	13 (65.0)	25 (80.6)	27 (79.4)	12 (60.0)	19 (67.9)	61 (85.9)	21 (87.5)	178 (78.1)
Meet Funding Requirement	13 (65.0)	25 (80.6)	26 (76.5)	15 (75.0)	18 (64.3)	58 (81.7)	18 (75.0)	173 (75.9)
Provide a Description of Program Activities and Participants Served (process evaluation)	14 (70.0)	24 (77.4)	22 (64.7)	15 (75.0)	18 (64.3)	56 (78.9)	20 (83.3)	169 (74.1)
Reporting to Key Stakeholders	10 (50.0)	20 (64.5)	22 (64.7)	8 (40.0)	16 (57.1)	50 (70.4)	10 (41.7)	136 (59.6)
Formal "Needs Assessment" Study	6 (30.0)	17 (54.8)	16 (47.1)	5 (25.0)	5 (17.9)	26 (36.6)	6 (25.0)	81 (35.5)
Community Mobilization	4 (20.0)	13 (41.9)	9 (26.5)	9 (45.0)	7 (25.0)	21 (29.6)	7 (29.2)	70 (30.7)
Other	1 (5.0)	0 (0.0)	3 (8.8)	0 (0.0)	1 (3.6)	3 (4.2)	1 (4.2)	9 (3.9)
Does Not Use Data	1 (5.0)	1 (3.2)	0 (0.0)	2 (10.0)	1 (3.6)	2 (2.8)	0 (0.0)	7 (3.1)

* Providers were instructed to indicate which ways they used data, not those they did not. A lack of response was considered missing data only if a provider did not respond to at least one of the data use items (including "does not use data"). Providers with a missing value were excluded.

For the majority of potential data uses, the percentage of providers using data was higher in the Northern, Western, and Southeastern regions compared to the state overall. Using data for program planning, for grant or contract proposals, and for program descriptions was highest in Detroit. Likewise, for the majority of data uses the percentage of providers was lower than the state overall in the Upper Peninsula, Central, and Eastern regions. In general, very few (3 percent) of the providers indicated not using data at all. This circumstance was the highest in the Central region, where 10 percent of the providers reported not using data in the last year.

5.7   Collaboration Among Providers

Providers reported whether they had collaborated with other community organizations in the past fiscal year (FY 2000) or 12 months by answering "yes" or "no" to four types of possible collaborative approaches: co-sponsoring events or activities, participating in joint planning, sharing funding or staff, or sharing materials and other resources. In Exhibit 5.25, results are presented for all responding providers statewide and by region.

Overall, at least half of the providers reported engaging in each type of collaboration, with sharing materials and other resources (87.9 percent) and joint planning (85.8 percent) being the most common approaches. Providers in the Northern region consistently reported participating in collaborative efforts at a higher rate than the state overall. In particular, joint planning and sharing of funding or staff were higher in this region. In contrast, the proportion of providers in the Eastern and Southeastern regions was slightly lower than the state for each of the collaborative approaches. In the Eastern region, sharing funding and staff was lowest.

Exhibit 5.25   Number (Percent) of Providers Reporting Interagency Collaboration, by Region

Collaborative Approach	Region							
	Upper Peninsula (n=20)	Northern (n=31)	Western (n=34)	Central (n=21)	Eastern (n=29)	South-eastern (n=73)	Detroit (n=24)	Statewide (n=232)*
Share Materials or Other Resources	17 (85.0)	28 (90.3)	31 (91.2)	19 (90.5)	24 (82.8)	63 (86.3)	22 (91.7)	204 (87.9)
Participate in Joint Planning	18 (90.0)	30 (96.8)	29 (85.3)	17 (81.0)	23 (79.3)	62 (84.9)	20 (83.3)	199 (85.8)
Co-Sponsor Events or Activities	16 (80.0)	24 (77.4)	27 (79.4)	14 (66.7)	20 (69.0)	54 (74.0)	19 (79.2)	174 (75.0)
Share Funding or Staff	12 (60.0)	24 (80.0)	21 (61.8)	14 (66.7)	13 (44.8)	39 (53.5)	12 (50.0)	135 (58.4)

* Providers with a missing value were excluded. The number of responding providers for each collaborative approach statewide was 231 or 232.

5.8　Perceived Barriers to Effective Prevention Service Delivery

The questionnaire asked about the extent to which the providers had experienced 17 potential barriers to effective delivery of substance abuse prevention services during the past fiscal year or 12 months. Response options given for each item were "not a barrier," "minor barrier," "moderate barrier," or "significant barrier." Exhibit 5.26 presents, for all respondents statewide and by region, the number and percentage of providers responding "moderate barrier" or "significant barrier" to each of the items.

Findings show that most items were *not* considered a moderate/significant barrier by the majority of the respondents. The only exception was insufficient staff due to lack of funding, which two of every three respondents (65.4 percent) named as a moderate or significant barrier to effectively delivering prevention services. The next most frequently moderate or significant barrier identified was lack of transportation to/from services (36.8 percent). Some of the other barriers were differentially reported as moderate or significant barriers within particular regions. For example, limited hours of operation, lack of public awareness of the services offered, and lack of community interest was reported by roughly 40 percent of the providers in the Upper Peninsula region. Lack of public awareness of services offered and lack of community interest were also identified by a similar percentage of providers in the Central region. In the Northern region, nearly half of the respondents named limited hours of operation as a moderate or significant barrier. In general, the least frequently identified moderate or significant barriers were cultural or language differences (6.9 percent), waiting lists (7.0 percent), and unsafe program location (2.2 percent).

The number of barriers reported as moderate or significant were grouped into four categories, and are shown by the number of providers reporting them by region and statewide in Exhibit 5.27. The Northern and Southeastern regions had proportionately more providers reporting between four and nine barriers, while the other regions had more providers reporting between one and three barriers.

Exhibit 5.26   Number (Percent) of Providers Experiencing Moderate or Significant Barriers to Effective Service Delivery, by Region

	Region							Statewide
	Upper Peninsula	Northern	Western	Central	Eastern	South-eastern	Detroit	
Issue	(n=20)	(n=31)	(n=33)	(n=21)	(n=29)	(n=74)	(n=24)	(n=232)*
Insufficient Staff Due to Lack of Funding	13 (65.0)	23 (74.2)	25 (75.8)	13 (65.0)	14 (48.3)	44 (59.5)	19 (79.2)	151 (65.4)
Lack of Transportation to/from Services	9 (45.0)	11 (35.5)	13 (39.4)	6 (30.0)	7 (24.1)	31 (41.9)	8 (33.3)	85 (36.8)
Lack of Community Interest	8 (40.0)	9 (30.0)	7 (21.2)	11 (52.4)	8 (27.6)	19 (25.7)	4 (16.7)	66 (28.6)
Lack of Public Awareness of Service Offered	9 (45.0)	6 (19.4)	9 (27.3)	9 (42.9)	8 (27.6)	18 (24.3)	6 (25.0)	65 (28.0)
Limited Hours of Operation	8 (40.0)	15 (48.4)	7 (21.2)	3 (15.0)	1 (3.4)	22 (29.7)	6 (25.0)	62 (26.8)
Lack of Available Program Slots	5 (25.0)	12 (38.7)	8 (24.2)	3 (15.0)	6 (20.7)	18 (24.3)	8 (33.3)	60 (26.0)
Staff Turnover	7 (35.0)	7 (22.6)	9 (27.3)	3 (15.0)	6 (20.7)	18 (24.3)	8 (33.3)	58 (25.1)
Perceived Social Stigma	5 (25.0)	7 (23.3)	9 (27.3)	5 (23.8)	8 (27.6)	15 (20.3)	4 (16.7)	53 (22.9)
Program Participants Drop Out	6 (30.0)	4 (13.3)	12 (36.4)	3 (15.0)	3 (10.3)	19 (25.7)	3 (12.5)	50 (21.7)
Accessing Schools	4 (20.0)	4 (12.9)	7 (21.2)	5 (25.0)	7 (24.1)	13 (17.8)	5 (20.8)	45 (19.6)
Program Eligibility Criteria Are Too Restrictive	5 (25.0)	9 (29.0)	6 (18.2)	5 (25.0)	2 (6.9)	14 (19.2)	2 (8.3)	43 (18.7)
Lack of Child Care Facilities	0 (0.0)	2 (6.7)	6 (18.2)	1 (5.0)	4 (13.8)	14 (18.9)	4 (16.7)	31 (13.5)
Insufficient Collaboration with Other Community Organizations	2 (10.0)	4 (12.9)	7 (21.2)	2 (10.0)	4 (13.8)	7 (9.5)	3 (12.5)	29 (12.6)
Service Fee Is Not Affordable	6 (30.0)	2 (6.5)	4 (12.1)	3 (15.0)	1 (3.4)	11 (14.9)	1 (4.2)	28 (12.1)
Waiting Lists	1 (5.0)	2 (6.7)	3 (9.1)	1 (5.0)	0 (0.0)	6 (8.1)	3 (12.5)	16 (7.0)
Cultural or Language Differences	1 (5.0)	0 (0.0)	6 (18.2)	1 (4.8)	0 (0.0)	4 (5.4)	4 (16.7)	16 (6.9)
Program Location Is Unsafe	0 (0.0)	0 (0.0)	1 (3.0)	0 (0.0)	0 (0.0)	3 (4.1)	1 (4.2)	5 (2.2)

* Providers with a missing value were excluded. The number of responding providers for each issue statewide ranged from 230 to 232.

Exhibit 5.27   Number (Percent) of Providers, by Number of Moderate or Significant Barriers and Region

Number of Barriers	Region							Statewide (n=232)*
	Upper Peninsula (n=20)	Northern (n=31)	Western (n=33)	Central (n=21)	Eastern (n=29)	South-eastern (n=74)	Detroit (n=24)	
None	1 (5.0)	3 (9.7)	2 (6.1)	2 (9.5)	2 (6.9)	8 (10.8)	1 (4.2)	19 (8.2)
1 - 3	10 (50.0)	11 (35.5)	15 (45.5)	10 (47.6)	17 (58.6)	29 (39.2)	13 (54.2)	105 (45.3)
4 - 9	7 (35.0)	17 (54.8)	14 (42.4)	9 (42.9)	10 (34.5)	34 (45.9)	9 (37.5)	100 (43.1)
10 +	2 (10.0)	0 (0.0)	2 (6.1)	0 (0.0)	0 (0.0)	3 (4.1)	1 (4.2)	8 (3.4)

* Providers with missing values for all issues were excluded.

6. CONCLUSIONS AND RECOMMENDATIONS

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Appendix A

COMPSA Survey Questionnaire

Michigan 2000 Community Prevention Systems Assessment (COMPSA) Survey

This survey is designed to assess substance abuse prevention resources in Michigan. A substance abuse prevention resource is an **ongoing or reoccurring** program, service, or activity that helps reduce the likelihood that people will engage in problem behaviors, such as drug use, crime, delinquency, or violence. This survey covers a broad range of substance abuse prevention programs and services that address many different issues, including (but not limited to) prenatal care, family support services, academic achievement, and after-school recreation. Each of these various types of programs and services may help to prevent substance use and abuse and therefore is considered to be a substance abuse prevention resource. The information gathered from this survey will help State and local agencies identify gaps in statewide substance abuse prevention services and plan for services to address local substance abuse prevention needs.

Entity Information Sheet

This survey is completely Voluntary.

Entity Name_____

Entity Street Address_____

_____

_____

_____

Entity Phone Number_____ **(Please include area code)**

MDCIS License # (if available)_____ **or check box if entity does not have a substance abuse prevention license** ☐

COMPSA SURVEY COMPLETED by:
(This information will only be used in case we need to contact your Entity regarding this survey).

Name: _____

Phone Number:_____ **(Please include area code)**

1. Service Catchment Area: Please identify the counties where substance abuse prevention service/activities are provided by your Entity using the last complete fiscal year or the past 12 months. *(Circle numbers for all that apply)*

#	County	#	County	#	County	#	County
1	Alcona	22	Dickinson	43	Lake	64	Oceana
2	Alger	23	Eaton	44	Lapeer	65	Ogemaw
3	Allegan	24	Emmet	45	Leelanau	66	Ontonagon
4	Alpena	25	Genesee	46	Lenawee	67	Osceola
5	Antrim	26	Gladwin	47	Livingston	68	Oscoda
6	Arenac	27	Gogebic	48	Luce	69	Otsego
7	Baraga	28	Grand Traverse	49	Mackinac	70	Ottawa
8	Barry	29	Gratiot	50	Macomb	71	Presque Isle
9	Bay	30	Hillsdale	51	Manistee	72	Roscommon
10	Benzie	31	Houghton	52	Marquette	73	Saginaw
11	Berrien	32	Huron	53	Mason	74	St. Clair
12	Branch	33	Ingham	54	Mecosta	75	St. Joseph
13	Calhoun	34	Ionia	55	Menominee	76	Sanilac
14	Cass	35	Iosco	56	Midland	77	Schoolcraft
15	Charlevoix	36	Iron	57	Missaukee	78	Shiawassee
16	Cheboygan	37	Isabella	58	Monroe	79	Tuscola
17	Chippewa	38	Jackson	59	Montcalm	80	Van Buren
18	Clare	39	Kalamazoo	60	Montmorency	81	Washtenaw
19	Clinton	40	Kalkaska	61	Muskegon	82A	Wayne (Inside Detroit)
20	Crawford	41	Kent	62	Newaygo	82B	Wayne (Outside Detroit)
21	Delta	42	Keweenaw	63	Oakland	83	Wexford

In the following sections, please indicate what types of substance abuse prevention activities/services your Entity provided for each county using the last complete fiscal year or the past 12 months. The survey is designed to capture data at the county level provided that each Entity completes a survey for Questions 2A, 2B, 2C, 2D, 3, 4, and 5 for each county. *(Separate sheets for up to 5 counties is provided. If necessary, contact Prevention Network for extra county sheets or make copies as needed).*

Number of County (from table above):	Name of County:

2A. During the last complete fiscal year or the past 12 months did your entity engage in the following peer/individual-focused substance abuse prevention activities/services for this county? *(Circle 1 for Yes, 2 for No)*	YES	NO
1. Supervised after-school recreation programs (*e.g., organized sports, clubs*)	1	2
2. Drug-free social and recreational activities (*e.g., drug free dances, "Just Say NO" clubs, prom and graduation contracts*)	1	2
3. Youth adventure-based programs (*e.g., outdoor challenge activities such as wilderness courses or ropes courses*)	1	2
4. Intergenerational (*e.g., shared activities between youth and elderly persons*)	1	2
5. Mentoring	1	2
6. Career/job skills training	1	2
7. Youth community service programs (*e.g., volunteer work, service learning*)	1	2
8. Peer leadership/peer helper programs	1	2
9. Life skills/social skills training (*e.g., assertiveness, communication, drug refusal, problem-solving, or conflict resolution skills training*)	1	2
10. Teen drop-in centers	1	2
11. Tutoring programs	1	2
12. Youth support groups (*e.g., Alateen, Children of Substance Abusers*)	1	2
13. Youth community actions groups (*e.g., Students Against Drunk Driving, youth councils*)	1	2
14. Teen Parenting Education	1	2
15. Other (*please specify*):	1	2
16. Other (*please specify*):	1	2

2B.	During the last complete fiscal year or the past 12 months did your entity engage in the following <u>family-focused</u> substance abuse prevention activities/services for this county? *(Circle 1 for Yes, 2 for No)*	YES	NO
17. Prenatal/infancy (*e.g., maternal and child health care, nutrition, and child development*)		1	2
18. Early childhood education (*e.g., early enrichment or pre-school programs*)		1	2
19. Parenting/family management training (*e.g., supervision, rule setting, and discipline skills*)		1	2
20. Premarital counseling		1	2
21. Family support (*e.g., family planning, home visits from health or social service workers, housing, child care*)		1	2
22. Other (*please specify*):		1	2
23. Other (*please specify*):		1	2

2C.	During the last complete fiscal year or the past 12 months did your entity engage in the following <u>school-focused</u> substance abuse prevention activities/services for this county? *(Circle 1 for Yes, 2 for No)*	YES	NO
24. Organizational change in schools (*e.g., school-community partnerships, school management teams involving administrators, teachers, counselors, and parents, and parental involvement*)		1	2
25. Classroom organization, management, and instructional practices (*e.g., interactive teaching, proactive classroom management, cooperative learning*)		1	2
26. School behavior management (*e.g.,structured playground activities, discussion of weekly behavioral report cards, behavior contracting*)		1	2
27. School transition (*e.g., special homerooms or "schools within schools" for new students*)		1	2
28. Development of school policies that discourage substance use/abuse		1	2
29. Enforcement of school policies that discourage substance use/abuse		1	2
30. Student Assistance Programs		1	2
31. Prevention Education Support Groups		1	2
32. Parental-Involvement Initiatives		1	2
33. Classroom Curriculum Presentations		1	2
34. Curriculum Infusion Initiatives		1	2
35. Other (*please specify*):		1	2
36. Other (*please specify*):		1	2

2D. During the last complete fiscal year or the past 12 months did your entity engage in the following **community-focused** substance abuse prevention activities/services for this county? *(Circle 1 for Yes, 2 for No)*	YES	NO
37. Development of community laws and policies that discourage substance abuse	1	2
38. Enforcement of community laws and policies that discourage substance abuse	1	2
39. Media campaigns (*e.g.,posters, public service announcements, advertisements, commercials*)	1	2
40. Information dissemination (*e.g., brochures, fact sheets, videos, presentations, Clearinghouse*)	1	2
41. Community mobilization (*e.g., coalition building, neighborhood watch*)	1	2
42. Community development/capacity building (*e.g., training and technical assistance to community groups and organizations*)	1	2
43. Community Assessment Surveys	1	2
44. Other (*please specify*):	1	2
45. Other (*please specify*):	1	2

3. Consider each of the activities/services that you circled "Yes" to in Question (2A, 2B, 2C, 2D). For each separate county Rank Order the **TOP 3** activities/services which best describes your Entity's substance abuse prevention focus for the county this is being reported for?

Number of Activity Above (e.g., 1-45)	Percentage of Time Spent Devoted to This Activity/Service	Number of Individuals That Received This Activity/Service
1. _____	1. _____%	1. _____
2. _____	2. _____%	2. _____
3. _____	3. _____%	3. _____

4. How many participants were served by your Entity for substance abuse Prevention Services for this county using the last complete fiscal year or the past 12 months?

Total Number Participants Served in This County: _____

5. Please indicate the number of participants served, which were reported in Question 4, that belong in each of the following categories. (*Please respond using your **best** estimates*)

5A. Age Range	Number *(best estimate)*
0 to 4	
5 to 9	
10 to 15	
16 to 19	
20 to 24	
25 to 44	
45 to 65	
65 and over	
Total	
Total should equal the total from Question 4.	

5B. Race/Ethnicity	Number *(best estimate)*
White	
Arab American/Chaldean origin	
Black/African-American	
Hispanic	
Latino	
American Indian/Alaska Native	
Asian	
Native Hawaiian/Other Pacific Islander	
Total	
This total should equal the total from Question 4.	

5C. Gender	Number *(best estimate)*
Male	
Female	
Total	
This total should equal the total from Question 4.	

County specific information for the FIRST COUNTY ends at this point of the survey. Please complete this process for each COUNTY in which your Entity provided substance abuse prevention activities/services using the last complete fiscal year or the past 12 months. If you have provided information for every COUNTY in which your Entity provided substance abuse prevention activities/services, please proceed to question #6.

If your entity provided service in a SECOND COUNTY, please fill out Questions 2A, 2B, 2C, 2D, 3, 4, and 5 in this section for the second county using the last complete fiscal year or the past 12 months.

Number of County (from table on pg 2):	Name of County:

2A. During the last complete fiscal year or the past 12 months did your entity engage in the following <u>peer/individual-focused</u> substance abuse prevention activities/services for this county? *(Circle 1 for Yes, 2 for No)*	YES	NO
1. Supervised after-school recreation programs (*e.g., organized sports, clubs*)	1	2
2. Drug-free social and recreational activities (*e.g., drug free dances, "Just Say NO" clubs, prom and graduation contracts*)	1	2
3. Youth adventure-based programs (*e.g., outdoor challenge activities such as wilderness courses or ropes courses*)	1	2
4. Intergenerational (*e.g., shared activities between youth and elderly persons*)	1	2
5. Mentoring	1	2
6. Career/job skills training	1	2
7. Youth community service programs (*e.g., volunteer work, service learning*)	1	2
8. Peer leadership/peer helper programs	1	2
9. Life skills/social skills training (*e.g., assertiveness, communication, drug refusal, problem-solving, or conflict resolution skills training*)	1	2
10. Teen drop-in centers	1	2
11. Tutoring programs	1	2
12. Youth support groups (*e.g., Alateen, Children of Substance Abusers*)	1	2
13. Youth community actions groups (*e.g., Students Against Drunk Driving, youth councils*)	1	2
14. Teen Parenting Education	1	2
15. Other (*please specify*):	1	2
16. Other (*please specify*):	1	2

2B.	During the last complete fiscal year or the past 12 months did your entity engage in the following <u>family-focused</u> substance abuse prevention activities/services for this county? *(Circle 1 for Yes, 2 for No)*	YES	NO
17. Prenatal/infancy (*e.g., maternal and child health care, nutrition, and child development)*		1	2
18. Early childhood education (*e.g., early enrichment or pre-school programs*)		1	2
19. Parenting/family management training (*e.g., supervision, rule setting, and discipline skills*)		1	2
20. Premarital counseling		1	2
21. Family support (*e.g., family planning, home visits from health or social service workers, housing, child care*)		1	2
22. Other (*please specify*):		1	2
23. Other (*please specify*):		1	2

2C.	During the last complete fiscal year or the past 12 months did your entity engage in the following <u>school-focused</u> substance abuse prevention activities/services for this county? *(Circle 1 for Yes, 2 for No)*	YES	NO
24. Organizational change in schools (*e.g., school-community partnerships, school management teams involving administrators, teachers, counselors, and parents, and parental involvement*)		1	2
25. Classroom organization, management, and instructional practices (*e.g., interactive teaching, proactive classroom management, cooperative learning*)		1	2
26. School behavior management (*e.g.,structured playground activities, discussion of weekly behavioral report cards, behavior contracting*)		1	2
27. School transition (*e.g., special homerooms or "schools within schools" for new students*)		1	2
28. Development of school policies that discourage substance use/abuse		1	2
29. Enforcement of school policies that discourage substance use/abuse		1	2
30. Student Assistance Programs		1	2
31. Prevention Education Support Groups		1	2
32. Parental-Involvement Initiatives		1	2
33. Classroom Curriculum Presentations		1	2
34. Curriculum Infusion Initiatives		1	2
35. Other (*please specify*):		1	2
36. Other (*please specify*):		1	2

2D. During the last complete fiscal year or the past 12 months did your entity engage in the following **community-focused** substance abuse prevention activities/services for this county? *(Circle 1 for Yes, 2 for No)*	YES	NO
37. Development of community laws and policies that discourage substance abuse	1	2
38. Enforcement of community laws and policies that discourage substance abuse	1	2
39. Media campaigns (*e.g.,posters, public service announcements, advertisements, commercials*)	1	2
40. Information dissemination (*e.g., brochures, fact sheets, videos, presentations, Clearinghouse*)	1	2
41. Community mobilization (*e.g., coalition building, neighborhood watch*)	1	2
42. Community development/capacity building (*e.g., training and technical assistance to community groups and organizations*)	1	2
43. Community Assessment Surveys	1	2
44. Other (*please specify*):	1	2
45. Other (*please specify*):	1	2

3. Consider each of the activities/services that you circled "Yes" to in Question (2A, 2B, 2C, 2D). For each separate county Rank Order the **TOP 3** activities/services which best describes your Entity's substance abuse prevention focus for the county this is being reported for?

Number of Activity Above (e.g., 1-45)	Percentage of Time Spent Devoted to This Activity/Service	Number of Individuals That Received This Activity/Service
1. _____	1. _____%	1. _____
2. _____	2. _____%	2. _____
3. _____	3. _____%	3. _____

4. How many participants were served by your Entity for substance abuse <u>Prevention Services</u> for this county using the last complete fiscal year or the past 12 months?

Total Number Participants Served in This County: _____

5. Please indicate the number of participants served, which were reported in Question 4, that belong in each

of the following categories. (*Please respond using your **best** estimates)*

5A. Age Range	Number *(best estimate)*
0 to 4	
5 to 9	
10 to 15	
16 to 19	
20 to 24	
25 to 44	
45 to 65	
65 and over	
Total	

Total should equal the total from Question 4.

5B. Race/Ethnicity	Number *(best estimate)*
White	
Arab American/Chaldean origin	
Black/African-American	
Hispanic	
Latino	
American Indian/Alaska Native	
Asian	
Native Hawaiian/Other Pacific Islander	
Total	

This total should equal the total from Question 4.

5C. Gender	Number *(best estimate)*
Male	
Female	
Total	

This total should equal the total from Question 4.

County specific information ends for the SECOND COUNTY at this point of the survey. Please complete this process for each COUNTY in which your Entity provided substance abuse prevention activities/services using the <u>last complete fiscal year or the past 12 months</u>. If you have provided information for every COUNTY in which your Entity provides substance abuse prevention activities/services, please proceed to question #6.

Number of County (from table on pg 2):	Name of County:

2A. During the last complete fiscal year or the past 12 months did your entity engage in the following <u>peer/individual-focused</u> substance abuse prevention activities/services for this county? *(Circle 1 for Yes, 2 for No)*	YES	NO
1. Supervised after-school recreation programs (*e.g., organized sports, clubs*)	1	2
2. Drug-free social and recreational activities (*e.g., drug free dances, "Just Say NO" clubs, prom and graduation contracts*)	1	2
3. Youth adventure-based programs (*e.g., outdoor challenge activities such as wilderness courses or ropes courses*)	1	2
4. Intergenerational (*e.g., shared activities between youth and elderly persons*)	1	2
5. Mentoring	1	2
6. Career/job skills training	1	2
7. Youth community service programs (*e.g., volunteer work, service learning*)	1	2
8. Peer leadership/peer helper programs	1	2
9. Life skills/social skills training (*e.g., assertiveness, communication, drug refusal, problem-solving, or conflict resolution skills training*)	1	2
10. Teen drop-in centers	1	2
11. Tutoring programs	1	2
12. Youth support groups (*e.g., Alateen, Children of Substance Abusers*)	1	2
13. Youth community actions groups (*e.g., Students Against Drunk Driving, youth councils*)	1	2
14. Teen Parenting Education	1	2
15. Other (*please specify*):	1	2
16. Other (*please specify*):	1	2

2B.	During the last complete fiscal year or the past 12 months did your entity engage in the following **family-focused** substance abuse prevention activities/services for this county? *(Circle 1 for Yes, 2 for No)*	YES	NO
17. Prenatal/infancy (*e.g., maternal and child health care, nutrition, and child development)*		1	2
18. Early childhood education (*e.g., early enrichment or pre-school programs*)		1	2
19. Parenting/family management training (*e.g., supervision, rule setting, and discipline skills*)		1	2
20. Premarital counseling		1	2
21. Family support (*e.g., family planning, home visits from health or social service workers, housing, child care*)		1	2
22. Other (*please specify*):		1	2
23. Other (*please specify*):		1	2

2C.	During the last complete fiscal year or the past 12 months did your entity engage in the following **school-focused** substance abuse prevention activities/services for this county? *(Circle 1 for Yes, 2 for No)*	YES	NO
24. Organizational change in schools (*e.g., school-community partnerships, school management teams involving administrators, teachers, counselors, and parents, and parental involvement*)		1	2
25. Classroom organization, management, and instructional practices (*e.g., interactive teaching, proactive classroom management, cooperative learning*)		1	2
26. School behavior management (*e.g.,structured playground activities, discussion of weekly behavioral report cards, behavior contracting*)		1	2
27. School transition (*e.g., special homerooms or "schools within schools" for new students*)		1	2
28. Development of school policies that discourage substance use/abuse		1	2
29. Enforcement of school policies that discourage substance use/abuse		1	2
30. Student Assistance Programs		1	2
31. Prevention Education Support Groups		1	2
32. Parental-Involvement Initiatives		1	2
33. Classroom Curriculum Presentations		1	2
34. Curriculum Infusion Initiatives		1	2
35. Other (*please specify*):		1	2
36. Other (*please specify*):		1	2

2D. During the last complete fiscal year or the past 12 months did your entity engage in the following **community-focused** substance abuse prevention activities/services for this county? *(Circle 1 for Yes, 2 for No)*	YES	NO
37. Development of community laws and policies that discourage substance abuse	1	2
38. Enforcement of community laws and policies that discourage substance abuse	1	2
39. Media campaigns (*e.g., posters, public service announcements, advertisements, commercials*)	1	2
40. Information dissemination (*e.g., brochures, fact sheets, videos, presentations, Clearinghouse*)	1	2
41. Community mobilization (*e.g., coalition building, neighborhood watch*)	1	2
42. Community development/capacity building (*e.g., training and technical assistance to community groups and organizations*)	1	2
43. Community Assessment Surveys	1	2
44. Other (*please specify*):	1	2
45. Other (*please specify*):	1	2

3. Consider each of the activities/services that you circled "Yes" to in Question (2A, 2B, 2C, 2D). For each separate county Rank Order the **TOP 3** activities/services which best describes your Entity's substance abuse prevention focus for the county this is being reported for?

Number of Activity Above (e.g., 1-45)	Percentage of Time Spent Devoted to This Activity/Service	Number of Individuals That Received This Activity/Service
1. _____	1. _____%	1. _____
2. _____	2. _____%	2. _____
3. _____	3. _____%	3. _____

4. How many participants were served by your Entity for substance abuse <u>Prevention Services</u> for this county using the last complete fiscal year or the past 12 months?

Total Number Participants Served in This County: _____

5. Please indicate the number of participants served, which were reported in Question 4, that belong in each

of the following categories. (*Please respond using your **best** estimates*)

5A. Age Range	Number *(best estimate)*
0 to 4	
5 to 9	
10 to 15	
16 to 19	
20 to 24	
25 to 44	
45 to 65	
65 and over	
Total	
Total should equal the total from Question 4.	

5B. Race/Ethnicity	Number *(best estimate)*
White	
Arab American/Chaldean origin	
Black/African-American	
Hispanic	
Latino	
American Indian/Alaska Native	
Asian	
Native Hawaiian/Other Pacific Islander	
Total	
This total should equal the total from Question 4.	

5C. Gender	Number *(best estimate)*
Male	
Female	
Total	
This total should equal the total from Question 4.	

County specific information ends for the THIRD COUNTY at this point of the survey. Please complete this process for each COUNTY in which your Entity provided substance abuse prevention activities/services using the last complete fiscal year or the past 12 months. If you have provided information for every COUNTY in which your Entity provides substance abuse prevention activities/services, please proceed to question #6.

If your entity provided service in a FOURTH COUNTY, please fill out Questions 2A, 2B, 2C, 2D, 3, 4, and 5 in this section for the fourth county using the last complete fiscal year or the past 12 months.

Number of County (from table on pg 2):	Name of County:

2A. During the last complete fiscal year or the past 12 months did your entity engage in the following <u>peer/individual-focused</u> substance abuse prevention activities/services for this county? *(Circle 1 for Yes, 2 for No)*	YES	NO
1. Supervised after-school recreation programs (*e.g., organized sports, clubs*)	1	2
2. Drug-free social and recreational activities (*e.g., drug free dances, "Just Say NO" clubs, prom and graduation contracts*)	1	2
3. Youth adventure-based programs (*e.g., outdoor challenge activities such as wilderness courses or ropes courses*)	1	2
4. Intergenerational (*e.g., shared activities between youth and elderly persons*)	1	2
5. Mentoring	1	2
6. Career/job skills training	1	2
7. Youth community service programs (*e.g., volunteer work, service learning*)	1	2
8. Peer leadership/peer helper programs	1	2
9. Life skills/social skills training (*e.g., assertiveness, communication, drug refusal, problem-solving, or conflict resolution skills training*)	1	2
10. Teen drop-in centers	1	2
11. Tutoring programs	1	2
12. Youth support groups (*e.g., Alateen, Children of Substance Abusers*)	1	2
13. Youth community actions groups (*e.g., Students Against Drunk Driving, youth councils*)	1	2
14. Teen Parenting Education	1	2
15. Other (*please specify*):	1	2
16. Other (*please specify*):	1	2

2B.	During the last complete fiscal year or the past 12 months did your entity engage in the following <u>family-focused</u> substance abuse prevention activities/services for this county? *(Circle 1 for Yes, 2 for No)*	YES	NO
17. Prenatal/infancy (*e.g., maternal and child health care, nutrition, and child development)*		1	2
18. Early childhood education (*e.g., early enrichment or pre-school programs*)		1	2
19. Parenting/family management training (*e.g., supervision, rule setting, and discipline skills*)		1	2
20. Premarital counseling		1	2
21. Family support (*e.g., family planning, home visits from health or social service workers, housing, child care*)		1	2
22. Other (*please specify*):		1	2
23. Other (*please specify*):		1	2

2C.	During the last complete fiscal year or the past 12 months did your entity engage in the following <u>school-focused</u> substance abuse prevention activities/services for this county? *(Circle 1 for Yes, 2 for No)*	YES	NO
24. Organizational change in schools (*e.g., school-community partnerships, school management teams involving administrators, teachers, counselors, and parents, and parental involvement*)		1	2
25. Classroom organization, management, and instructional practices (*e.g., interactive teaching, proactive classroom management, cooperative learning*)		1	2
26. School behavior management (*e.g.,structured playground activities, discussion of weekly behavioral report cards, behavior contracting*)		1	2
27. School transition (*e.g., special homerooms or "schools within schools" for new students*)		1	2
28. Development of school policies that discourage substance use/abuse		1	2
29. Enforcement of school policies that discourage substance use/abuse		1	2
30. Student Assistance Programs		1	2
31. Prevention Education Support Groups		1	2
32. Parental-Involvement Initiatives		1	2
33. Classroom Curriculum Presentations		1	2
34. Curriculum Infusion Initiatives		1	2
35. Other (*please specify*):		1	2
36. Other (*please specify*):		1	2

2D. During the last complete fiscal year or the past 12 months did your entity engage in the following <u>community-focused</u> substance abuse prevention activities/services for this county? *(Circle 1 for Yes, 2 for No)*	YES	NO
37. Development of community laws and policies that discourage substance abuse	1	2
38. Enforcement of community laws and policies that discourage substance abuse	1	2
39. Media campaigns (*e.g.,posters, public service announcements, advertisements, commercials*)	1	2
40. Information dissemination (*e.g., brochures, fact sheets, videos, presentations, Clearinghouse*)	1	2
41. Community mobilization (*e.g., coalition building, neighborhood watch*)	1	2
42. Community development/capacity building (*e.g., training and technical assistance to community groups and organizations*)	1	2
43. Community Assessment Surveys	1	2
44. Other (*please specify*):	1	2
45. Other (*please specify*):	1	2

3. Consider each of the activities/services that you circled "Yes" to in Question (2A, 2B, 2C, 2D). For each separate county Rank Order the **TOP 3** activities/services which best describes your Entity's substance abuse prevention focus for the county this is being reported for?

<u>Number of Activity Above</u> (e.g., 1-45)	<u>Percentage of Time Spent</u> <u>Devoted to This Activity/Service</u>	<u>Number of Individuals That</u> <u>Received This Activity/Service</u>
1. _____	1. _____%	1. _____
2. _____	2. _____%	2. _____
3. _____	3. _____%	3. _____

4. How many participants were served by your Entity for substance abuse <u>Prevention Services</u> for this county using the last complete fiscal year or the past 12 months?

Total Number Participants Served in This County: _____

5. Please indicate the number of participants served, which were reported in Question 4, that belong in each of the following categories. (*Please respond using your **best** estimates*)

5A. Age Range	Number *(best estimate)*
0 to 4	
5 to 9	
10 to 15	
16 to 19	
20 to 24	
25 to 44	
45 to 65	
65 and over	
Total	
Total should equal the total from Question 4.	

5B. Race/Ethnicity	Number *(best estimate)*
White	
Arab American/Chaldean origin	
Black/African-American	
Hispanic	
Latino	
American Indian/Alaska Native	
Asian	
Native Hawaiian/Other Pacific Islander	
Total	
This total should equal the total from Question 4.	

5C. Gender	Number *(best estimate)*
Male	
Female	
Total	
This total should equal the total from Question 4.	

County specific information ends for the FOURTH COUNTY at this point of the survey. Please complete this process for each COUNTY in which your Entity provided substance abuse prevention activities/services using the last complete fiscal year or the past 12 months. If you have provided information for every COUNTY in which your Entity provides substance abuse prevention activities/services, please proceed to question #6.

If your entity provided service in a FIFTH COUNTY, please fill out Questions 2A, 2B, 2C, 2D, 3, 4, and 5 in this section for the fifth county using the last complete fiscal year or the past 12 months.

Number of County (from table on pg 2):	Name of County:

2A. During the last complete fiscal year or the past 12 months did your entity engage in the following <u>peer/individual-focused</u> substance abuse prevention activities/services for this county? *(Circle 1 for Yes, 2 for No)*	YES	NO
1. Supervised after-school recreation programs (*e.g., organized sports, clubs*)	1	2
2. Drug-free social and recreational activities (*e.g., drug free dances, "Just Say NO" clubs, prom and graduation contracts*)	1	2
3. Youth adventure-based programs (*e.g., outdoor challenge activities such as wilderness courses or ropes courses*)	1	2
4. Intergenerational (*e.g., shared activities between youth and elderly persons*)	1	2
5. Mentoring	1	2
6. Career/job skills training	1	2
7. Youth community service programs (*e.g., volunteer work, service learning*)	1	2
8. Peer leadership/peer helper programs	1	2
9. Life skills/social skills training (*e.g., assertiveness, communication, drug refusal, problem-solving, or conflict resolution skills training*)	1	2
10. Teen drop-in centers	1	2
11. Tutoring programs	1	2
12. Youth support groups (*e.g., Alateen, Children of Substance Abusers*)	1	2
13. Youth community actions groups (*e.g., Students Against Drunk Driving, youth councils*)	1	2
14. Teen Parenting Education	1	2
15. Other (*please specify*):	1	2
16. Other (*please specify*):	1	2

2B.	During the last complete fiscal year or the past 12 months did your entity engage in the following <u>family-focused</u> substance abuse prevention activities/services for this county? *(Circle 1 for Yes, 2 for No)*	YES	NO
17. Prenatal/infancy (*e.g., maternal and child health care, nutrition, and child development*)		1	2
18. Early childhood education (*e.g., early enrichment or pre-school programs*)		1	2
19. Parenting/family management training (*e.g., supervision, rule setting, and discipline skills*)		1	2
20. Premarital counseling		1	2
21. Family support (*e.g., family planning, home visits from health or social service workers, housing, child care*)		1	2
22. Other (*please specify*):		1	2
23. Other (*please specify*):		1	2

2C.	During the last complete fiscal year or the past 12 months did your entity engage in the following <u>school-focused</u> substance abuse prevention activities/services for this county? *(Circle 1 for Yes, 2 for No)*	YES	NO
24. Organizational change in schools (*e.g., school-community partnerships, school management teams involving administrators, teachers, counselors, and parents, and parental involvement*)		1	2
25. Classroom organization, management, and instructional practices (*e.g., interactive teaching, proactive classroom management, cooperative learning*)		1	2
26. School behavior management (*e.g.,structured playground activities, discussion of weekly behavioral report cards, behavior contracting*)		1	2
27. School transition (*e.g., special homerooms or "schools within schools" for new students*)		1	2
28. Development of school policies that discourage substance use/abuse		1	2
29. Enforcement of school policies that discourage substance use/abuse		1	2
30. Student Assistance Programs		1	2
31. Prevention Education Support Groups		1	2
32. Parental-Involvement Initiatives		1	2
33. Classroom Curriculum Presentations		1	2
34. Curriculum Infusion Initiatives		1	2
35. Other (*please specify*):		1	2
36. Other (*please specify*):		1	2

2D. During the last complete fiscal year or the past 12 months did your entity engage in the following **community-focused** substance abuse prevention activities/services for this county? *(Circle 1 for Yes, 2 for No)*	YES	NO
37. Development of community laws and policies that discourage substance abuse	1	2
38. Enforcement of community laws and policies that discourage substance abuse	1	2
39. Media campaigns (*e.g.,posters, public service announcements, advertisements, commercials*)	1	2
40. Information dissemination (*e.g., brochures, fact sheets, videos, presentations, Clearinghouse*)	1	2
41. Community mobilization (*e.g., coalition building, neighborhood watch*)	1	2
42. Community development/capacity building (*e.g., training and technical assistance to community groups and organizations*)	1	2
43. Community Assessment Surveys	1	2
44. Other (*please specify*):	1	2
45. Other (*please specify*):	1	2

3. Consider each of the activities/services that you circled "Yes" to in Question (2A, 2B, 2C, 2D). For each separate county Rank Order the **TOP 3** activities/services which best describes your Entity's substance abuse prevention focus for the county this is being reported for?

Number of Activity Above (e.g., 1-45)	Percentage of Time Spent Devoted to This Activity/Service	Number of Individuals That Received This Activity/Service
1. _____	1. _____%	1. _____
2. _____	2. _____%	2. _____
3. _____	3. _____%	3. _____

4. How many participants were served by your Entity for substance abuse <u>Prevention Services</u> for this county using the last complete fiscal year or the past 12 months?

Total Number Participants Served in This County: _____

5. Please indicate the number of participants served, which were reported in Question 4, that belong in each

of the following categories. (*Please respond using your **best** estimates*)

5A. Age Range	Number *(best estimate)*
0 to 4	
5 to 9	
10 to 15	
16 to 19	
20 to 24	
25 to 44	
45 to 65	
65 and over	
Total	
Total should equal the total from Question 4.	

5B. Race/Ethnicity	Number *(best estimate)*
White	
Arab American/Chaldean origin	
Black/African-American	
Hispanic	
Latino	
American Indian/Alaska Native	
Asian	
Native Hawaiian/Other Pacific Islander	
Total	
This total should equal the total from Question 4.	

5C. Gender	Number *(best estimate)*
Male	
Female	
Total	
This total should equal the total from Question 4.	

County specific information ends for the FIFTH COUNTY at this point of the survey. Please proceed to question #6.

6. Consider the list of populations presented below. What populations(s) has your Entity served during the last complete fiscal year or the past 12 months? *(Circle the 1 for all populations that are served) (Do not circle 1 if population is not served)*

Population(s) Served	Yes	Population(s) Served	Yes
General Population	1	**Community**	
School		Community Involved Adults	1
Preschool Students	1	Economically Disadvantaged Adults	1
Elementary School Students	1	Civic Groups	1
Middle/Junior High School Students	1	Coalitions	1
High School Students	1	Gays/Lesbians	1
College Students	1	Government/Elected Officials	1
Teachers/Administrators/Counselors	1	Immigrants and Refugees	1
High-Risk Youth		Volunteer Groups/Organizations	1
COSAs/Children of Substance Abusers	1	Law Enforcement/Military	1
Delinquent/Violent Youth	1	Migrant Workers	1
Gangs	1	Older Adults	1
Homeless/Runaway Youth	1	People with Disabilities	1
Economically disadvantaged	1	Physically/Emotionally/Sexually Abused People	1
Foster Children	1	Homeless	1
School Dropouts/Academic Failure	1	Pregnant Women	1
Pregnant Teenagers	1	Religious Groups	1
Students at Risk of Dropping Out of School	1	Rural/Isolated Populations	1
Youth/Minors not included under other categories	1	Urban/Inner City Populations	1
Teen Parents	1	Adults Using Substances, excluding those in need of treatment	1
Youth Using Substances, excluding those in need of treatment	1	Women of Childbearing Age	1
Children Exposed Prenatally to Alcohol, Tobacco, and Other Drugs	1	Gamblers	1
Family		Physically Disabled/Chronic Pain	1
Parents	1	Mental Health/Suicidal	1
Families	1		
Grandparents	1		
Step/Foster Parents	1		

6. Continued....Consider the list of populations presented below. What populations(s) has your Entity served in the last complete fiscal year or the past 12 months? *(Circle the 1 for all populations that are served) (Do not circle 1 if population not served)*

Population(s) Served	Yes	Population(s) Served	Yes
Business/Work Populations		**Business/Work Populations**	
Business and Industry	1	Small Business	1
Health Care Professionals	1	Human Service Entities	1
Managed Care Organizations	1	Teen Health Centers	1
Teachers/Administrators/Counselors	1	Daycare	1

7. To what extent has your Entity addressed the following substance abuse prevention objectives during the last complete fiscal year or the past 12 months? *(Circle 1 for Significant Time, 2 for Moderate Time and 3 for No Time Spent)*

Please Note: Significant Time Spent would be applied to objective that receive the largest allocation of staff time, in comparison to other substance abuse prevention activities/services. Moderate Time Spent would be applied to those substance abuse prevention activities/services that do not receive the majority of staff time. No Time Spent is self explanatory.

Objective 7A: Peer and Individual Domain	Significant Time	Moderate Time	No Time
1. Prevent or delay the first use of ATOD	1	2	3
2. Strengthen perceptions about the harmful effects of ATOD	1	2	3
3. Strengthen attitudes against ATOD use	1	2	3
4. Prevent antisocial behavior	1	2	3
5. Strengthen attitudes against antisocial behavior (*e.g., delinquency, violence, lying*)	1	2	3
6. Increase involvement in positive social activities (*e.g., sports, clubs, other recreation*)	1	2	3
7. Increase involvement in religious activities	1	2	3
8. Reduce involvement in delinquent peer groups	1	2	3
9. Reduce involvement in drug-using peer groups	1	2	3
10. Reduce rebelliousness among youth	1	2	3
11. Increase the number of youth who have positive relationships with adults	1	2	3
12. Reduce symptoms of depression	1	2	3
13. Improve social skills (*e.g., communication, anger management, social problem solving*)	1	2	3
14. Increase youths' awareness of peer norms opposed to ATOD use	1	2	3
15. Provide alternative activities that are thrilling and socially acceptable (*e.g., rock climbing, extreme sports, wilderness courses, ropes courses*)	1	2	3
16. Peer to Peer Interaction	1	2	3

Please Note: <u>Significant Time Spent</u> would be applied to objective that receive the largest allocation of staff time, in comparison to other substance abuse prevention activities/services. <u>Moderate Time Spent</u> would be applied to those substance abuse prevention activities/services that do not receive the majority of staff time. <u>No Time Spent</u> is self explanatory.

Objective 7B: Family Domain	**Significant Time**	**Moderate Time**	**No Time**
1. Reduce ATOD use among adult family members	1	2	3
2. Improve parents' family management skills (*e.g., supervision, rules, discipline*)	1	2	3
3. Improve parent's and children's family communications skills	1	2	3
4. Change parental attitudes towards ATOD use among youth	1	2	3
5. Improve parents' ability to provide opportunities for positive family involvement	1	2	3
6. Improve parents' ability to reward positive family involvement	1	2	3
7. Reduce marital conflict	1	2	3

Objective 7C: School Domain	**Significant Time**	**Moderate Time**	**No Time**
1. Establish, communicate, and enforce clear policies regarding ATOD use	1	2	3
2. Improve academic skills	1	2	3
3. Improve student commitment to education	1	2	3
4. Increase opportunities for positive youth participation in schools	1	2	3
5. Increase rewards for positive youth participation in schools	1	2	3
6. Improve opportunities for positive youth participation in the classroom	1	2	3
7. Increase positive parental involvement in school	1	2	3

Objective 7D: Community Domain	**Significant Time**	**Moderate Time**	**No Time**
1. Improve adjustment to new home or school	1	2	3
2. Reduce youth access to ATOD	1	2	3
3. Increase opportunities for positive youth involvement in the community	1	2	3
4. Increase rewards for positive youth involvement in the community	1	2	3
5. Develop or strengthen community laws that restrict ATOD use	1	2	3
6. Strengthen community norms and/or attitudes against ATOD use	1	2	3
7. Improve neighborhood safety, organization, and/or sense of community	1	2	3

8. Many Entities report that there are barriers that prevent or limit them from serving some members of the substance abuse target population. Indicate the extent to which each of the following issues was a barrier to effective delivery of prevention services for your Entity during the last complete fiscal year or the last 12 months *(Circle the appropriate number from 1-4 for each barrier)*

Barrier	Not A Barrier	Minor Barrier	Moderate Barrier	Significant Barrier
1. Lack of available program slots	1	2	3	4
2. Limited hours of operation	1	2	3	4
3. Insufficient staff due to lack of funding	1	2	3	4
4. Staff turnover	1	2	3	4
5. Program eligibility criteria are too restrictive	1	2	3	4
6. Lack of public awareness of service offered	1	2	3	4
7. Cultural or language differences	1	2	3	4
8. Lack of transportation to and from services	1	2	3	4
9. Service fee is not affordable	1	2	3	4
10. Perceived social stigma	1	2	3	4
11. Lack of community interest	1	2	3	4
12. Program participants drop out	1	2	3	4
13. Waiting lists	1	2	3	4
14. Accessing schools	1	2	3	4
15. Insufficient collaboration with other community organizations	1	2	3	4
16. Program location is unsafe	1	2	3	4
17. Lack of child care facilities	1	2	3	4
18. Other (*please specify*):	1	2	3	4

9. During the last complete fiscal year or the past 12 months, has your Entity collaborated with other

community organizations in the following ways? (*Circle 1 for Yes, 2 for No*)

	Yes	No
A. Co-sponsor events or activities:	1	2
B. Participate in joint planning?	1	2
C. Share funding or staff?	1	2
D. Share materials or other resources?	1	2

10. Did your Entity use data for any of the following purposes during the last complete fiscal year or the past 12 months? (*Circle all numbers that apply*)

    A. Does not use data
    B. Reporting to key stakeholders
    C. Meet funding requirements
    D. Program planning
    E. Community mobilization
    F. Grant or contract proposals
    G. Determine program effectiveness (outcome evaluation)
    H. Provide a description of program activities and participants served (process evaluation)
    I. Formal "needs assessment" study
    J. Other (*please specify*):_____

    K. Other (*please specify*):_____

10. What were the total number of direct service hours ("face to face" delivery of substance abuse prevention activities/services) and # of staff involved in those services per week devoted to substance abuse prevention during the last complete fiscal year or the past 12 months?

    A. Total prevention direct service hours (not average) per week for PAID Staff: _____

    B. Total # of PAID Prevention Staff: _____

    C. Total prevention direct service hours (not average) per week for volunteers: _____
                       (*enter "0" if you do not use volunteers*)

    D. Total # of prevention volunteers: _____ (*enter "0" if you do not use volunteers*)

12. How many weeks did your Entity operate during the last complete fiscal year or past 12 months?

    _____ weeks

13. Please estimate the annual budget for your Entity for the last complete fiscal year or the past 12 months, for substance abuse prevention (including planning, administrative, and support time as well as time devoted to direct services).

$_____

14. Can you identify other substance abuse prevention services/activities that need to be provided in your community, but have not been provided? Please print or type suggestions below:

_____

_____

_____

_____

_____

_____

Appendix B

Regional Substance Abuse Coordinating Agencies

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
REGIONAL SUBSTANCE ABUSE COORDINATING AGENCIES

Keweenaw

Houghton

Ontonagon

Gogebic

15 Baraga

Marquette

Iron

Dickinson

Alger

Delta

Schoolcraft

2 Luce

Chippewa

Mackinac

Menominee

Emmet

Cheboygan

Presque Isle

Charlevoix

Antrim

Otsego

Montmorency

Alpena

Leelanau

Benzie

Grand Traverse

Kalkaska

Crawford 9

Oscoda

Alcona

Wexford

Missaukee

Roscommon

Ogemaw

Iosco

Manistee

Mason

Lake

Osceola

Clare

Gladwin

Arenac

Oceana

Newaygo

Mecosta

Isabella

Midland

Bay

Huron

Muskegon

Kent 8

Montcalm

Gratiot

Saginaw

11

Tuscola

Sanilac 12

Ottawa

Ionia

Clinton

Shiawassee

Genesee 3

Lapeer

St. Clair

Allegan 5

Barry

Eaton 7

Ingham

Livingston

Oakland 10

Macomb 6

Van Buren

Kalamazoo

Calhoun

Jackson

Washtenaw 14

Wayne

Detroit 1

Berrien

Cass

St. Joseph

Branch

Hillsdale

Lenawee

Monroe 13

1 Detroit Department of Health
2 Eastern U.P. Substance Abuse Services
3 Genesee County Health Department
4 Kalamazoo County Human Services
5 Lakeshore Coordinating Council
6 Macomb County Community Mental Health
7 Mid-South Substance Abuse Commission
8 Kent County Community Mental Health
9 Northern Michigan Substance Abuse Services
10 Oakland County Health Division
11 Saginaw County Health Department
12 St. Clair County Health Department
13 Southeast Michigan Community Alliance
14 Washtenaw County Community Mental Health Center
15 Western U.P. Substance Abuse Services Coordinating Agency

Appendix C

COMPSA Cover Letter and Postcards

October 25, 2000

TO: Providers of Substance Abuse Prevention Services/ Activities

RE: Community Prevention Systems Assessment (COMPSA) Survey

Dear Provider of Prevention Services/ Activities,

On behalf of the Michigan Department of Community Health=s (MDCH) Division of Substance Abuse Quality and Planning (DSAQP), we are writing to your Prevention entity (entity refers to organization, agency, school/ community program, etc.) to invite you to participate in a very important project. MDCH/ DSAQP is conducting a survey about substance abuse prevention services offered throughout Michigan. The Community Prevention Systems Assessment (COMPSA) survey is one in a series of prevention needs assessment studies. These studies have been made possible by funding MDCH/DSAQP received from the federal Center for Substance Abuse Prevention. Through this particular study we hope to gain a more systematic understanding of prevention services provided throughout Michigan, regardless of funding sources for prevention. This study will help identify service gaps and help guide future planning. It will also provide a database for prevention service providers to find out what other prevention services are being offered in Michigan.

Your organization/agency has been identified as one that provides substance abuse prevention programming within the State of Michigan and is among approximately 1,000 entities being asked to participate in the COMPSA survey. MDCH has contracted with Prevention Network (with assistance from Research Triangle Institute) to conduct the statewide COMPSA survey. Prevention Network is a coalition of volunteer and professional groups whose common mission is to provide support and enhance prevention programming in Michigan. Research Triangle Institute (RTI) is a not-for-profit research organization located in North Carolina with an established history of conducting health and social policy research. RTI has been involved in substance abuse prevention needs assessment efforts in several other states.

Within one week after receiving this letter, your entity will be mailed a cover letter and a copy of the COMPSA survey from Prevention Network. The COMPSA survey includes questions about the types of prevention services/activities provided by your entity, populations served, interagency collaboration efforts, and barriers to services/activities. We are asking your entity to help by completing the COMPSA survey. The success of this survey depends on entities such as yours, completing the survey and returning it to Prevention Network. Although participation is completely voluntary, every entity which declines to take part in this opportunity leaves a gap that cannot be filled.

COMPSA Introductory Letter

The data collected by the COMPSA survey will be summarized and analyzed for the entire State and on a regional basis. The data will be accessible through Prevention Network=s web address, that can be easily assessed through the Internet. This will provide opportunities for prevention providers to find out what other substance abuse prevention services are being provided, within each of Michigan=s 83 counties, through the use of a standardized method for describing prevention efforts.

We anticipate that this effort will furnish valuable information about the substance abuse prevention services/activities provided across the State. Furthermore, if substance abuse prevention entities across Michigan find the information provided by COMPSA to be useful, this process may be repeated on a periodic basis, in the future. If you have any questions about the COMPSA study or the overall Prevention Needs Assessment Project, please call me at (517) 335-0171, or you may call the Prevention Needs Assessment Research Coordinator, Ed Banks, at (517) 241-2616, or the COMPSA Study Coordinator, Joe Thayer at (517) 393-6890.

We thank you in advance for your participation and cooperation.

Sincerely,

Richard F. Calkins
Research & Evaluation Section Manager
Division of Substance Abuse Quality & Planning
Bureau of Quality Management and Services Planning
Mental Health & Substance Abuse Services
(517) 355-0171
(517) 241-2611 (fax)
calkinsr@state.mi.us (email)

cc: Darnell Jackson, Director, Office of Drug Control Policy
       Glenn Stanton, Director, Bureau of Quality Management and Services Planning
       Deborah Hollis, Director, Division of Substance Abuse Quality and Planning

Postcard Reminder Sent to Michigan Prevention Providers

Prevention Entities,

On November 3rd, 2000 the Community Prevention Systems Assessment (COMPSA) Survey was sent to your organization/agency. As of December 8th, 2000 Prevention Network has yet to receive your completed COMPSA survey. In order to accurately depict current prevention services and activities we are sending out these not cards as reminders of the importance of filling out and sending back the COMPSA survey. If your entity is in need of another survey please contact Prevention Network at (800) 968-4968. Thank you.

Appendix D

Federal Block Grant Planning Regions

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
SUBSTANCE ABUSE
PLANNING REGIONS BY COUNTY

1. Upper Penninsula
2. Northern Lower Peninsula
3. Southwestern
4. Central Michigan
5. Eastern
6. Southeastern
7. Detroit
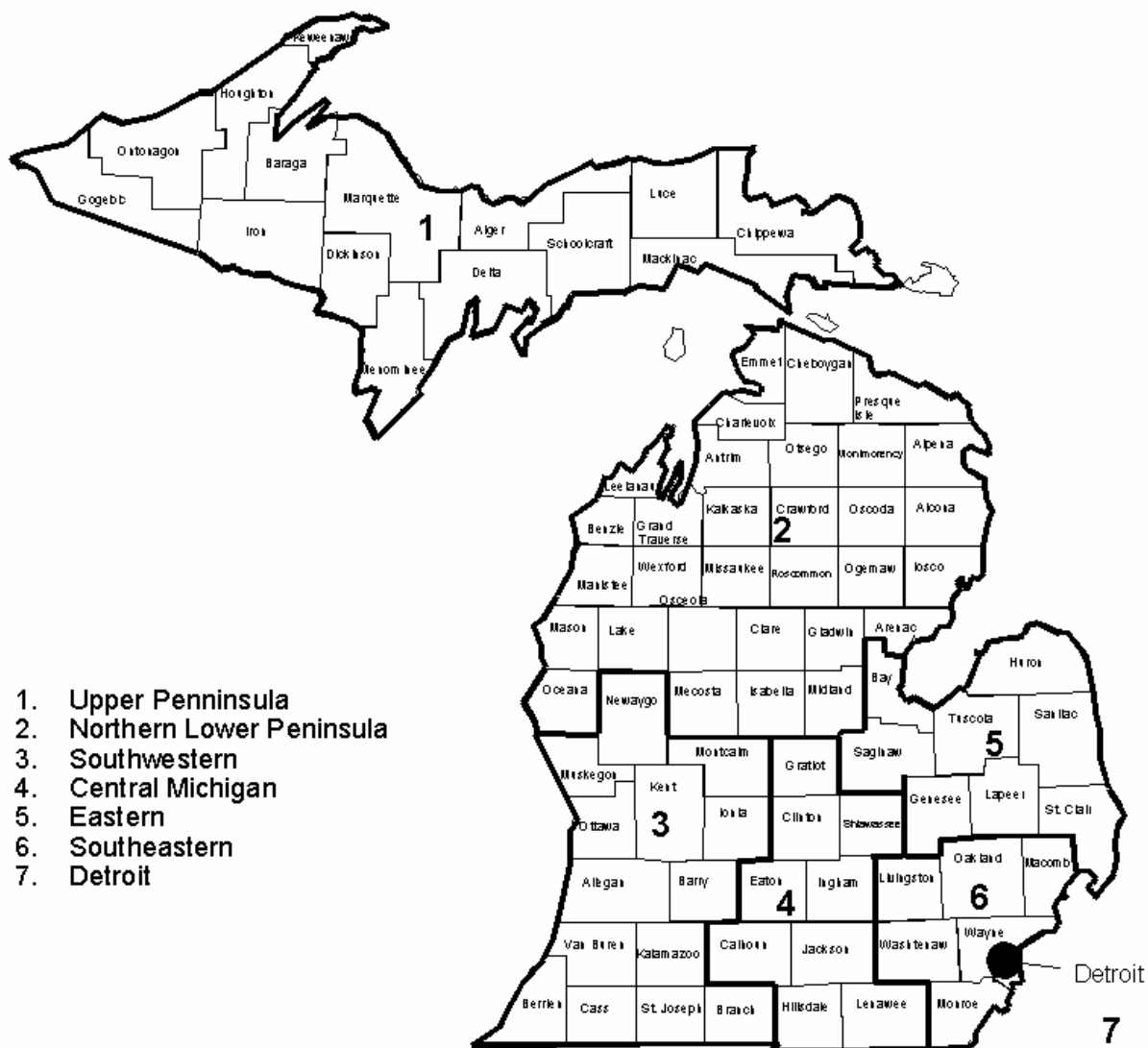
Appendix E

Selected Results by Region and Funding Source

Table E.1   Number (Percent) of Paid Prevention Staff, by Region and Funding Source

Funding Source	Region							Statewide
	Upper Peninsula	Northern	Western	Central	Eastern	South-eastern	Detroit	
MDCH Only (through CAs)	21.9 (56.3%)	13.5 (12.1%)	25.0 (24.3%)	17.7 (31.7%)	24.5 (46.6%)	98.0 (29.7%)	66.0 (56.4%)	266.5 (32.9%)
ODCP Only	2.0 (5.1%)	59.5 (53.2%)	27.0 (26.2%)	6.0 (10.8%)	5.0 (9.5%)	52.0 (15.7%)	16.0 (13.7%)	167.5 (20.7%)
PN Only	0.0 (0.0%)	2.5 (2.2%)	1.0 (1.0%)	---	0.0 (0.0%)	4.0 (1.2%)	6.0 (5.1%)	13.5 (1.7%)
Combined Funding	5.0 (12.9%)	25.8 (23.0%)	22.5 (21.8%)	7.0 (12.6%)	12.0 (22.9%)	93.0 (28.1%)	---	165.3 (20.4%)
Unidentified Funding	10.0 (25.7%)	10.5 (9.4%)	27.5 (26.7%)	25.0 (44.9%)	11.0 (21.0%)	83.5 (25.3%)	29.0 (24.8%)	196.5 (24.3%)
Total	38.9 (100.0%)	111.8 (100.0%)	103.0 (100.0%)	55.7 (100.0%)	52.5 (100.0%)	330.5 (100.0%)	117.0 (100.0%)	809.3 (100.0%)

Notes: Providers with a missing value were excluded. Total values were rounded to the nearest tenth. Column percents may not total 100 due to rounding.

Table E.2   Number (Percent) of Volunteer Prevention Staff, by Region and Funding Source

Funding Source	Region							Statewide
	Upper Peninsula	Northern	Western	Central	Eastern	South-eastern	Detroit	
MDCH Only (through CAs)	170.0 (75.2%)	4.0 (1.2%)	160.0 (56.5%)	25.0 (43.1%)	15.0 (9.2%)	510.0 (37.1%)	191.0 (50.0%)	1,075.0 (37.9%)
ODCP Only	52.0 (23.0%)	120.0 (34.7%)	0.0 (0.0%)	4.0 (6.9%)	4.0 (2.5%)	205.0 (14.9%)	30.0 (7.9%)	415.0 (14.6%)
PN Only	0.0 (0.0%)	22.0 (6.4%)	4.0 (1.4%)	---	40.0 (24.5%)	71.0 (5.2%)	68.0 (17.8%)	205.0 (7.2%)
Combined Funding	2.0 (0.9%)	108.0 (31.2%)	3.0 (1.1%)	16.0 (27.6%)	3.0 (1.8%)	58.0 (4.2%)	---	190.0 (6.7%)
Unidentified Funding	2.0 (0.9%)	92.0 (26.6%)	116.0 (41.0%)	13.0 (22.4%)	101.0 (62.0%)	532.0 (38.7%)	93.0 (24.3%)	949.0 (33.5%)
Total	226.0 (100.0%)	346.0 (100.0%)	283.0 (100.0%)	58.0 (100.0%)	163.0 (100.0%)	1,376.0 (100.0%)	382.0 (100.0%)	2,834.0 (100.0%)

Notes: Providers with a missing value were excluded. Column percents may not total 100 due to rounding.

Table E.3   Number (Percent) of Paid Direct Prevention Service Hours per Week, by Region and Funding Source

Funding Source	Region							
	Upper Peninsula	Northern	Western	Central	Eastern	South-eastern	Detroit	Statewide
MDCH Only (through CAs)	322 (60.0%)	305 (23.4%)	298 (20.4%)	325 (42.7%)	307 (49.9%)	1,279 (30.4%)	490 (54.6%)	3,326 (34.0%)
ODCP Only	48 (8.9%)	231 (17.7%)	460 (31.4%)	91 (12.0%)	200 (32.5%)	755 (18.0%)	12 (1.3%)	1,797 (18.4%)
PN Only	0 (0.0%)	33 (2.5%)	18 (1.2%)	---	0 (0.0%)	5 (0.1%)	99 (11.0%)	155 (1.6%)
Combined Funding	127 (23.6%)	512 (39.2%)	325 (22.2%)	140 (18.4%)	17 (2.8%)	1,192 (28.3%)	---	2,313 (23.6%)
Unidentified Funding	40 (7.4%)	225 (17.2%)	363 (24.8%)	205 (26.9%)	91 (14.8%)	975 (23.2%)	296 (33.0%)	2,195 (22.4%)
Total	537 (100.0%)	1,306 (100.0%)	1,464 (100.0%)	761 (100.0%)	615 (100.0%)	4,206 (100.0%)	897 (100.0%)	9,786 (100.0%)

Notes: Providers with a missing value were excluded. Column percents may not total 100 due to rounding.

Table E.4   Number (Percent) of Volunteer Direct Prevention Service Hours per Week, by Region and Funding Source

Funding Source	Region							
	Upper Peninsula	Northern	Western	Central	Eastern	South-eastern	Detroit	Statewide
MDCH Only (through CAs)	52 (50.0%)	60 (17.1%)	240 (60.5%)	30 (30.0%)	10 (10.5%)	234 (24.2%)	50 (7.8%)	676 (25.5%)
ODCP Only	43 (41.3%)	206 (58.7%)	3 (0.8%)	52 (52.0%)	20 (21.1%)	220 (22.8%)	204 (31.9%)	748 (28.2%)
PN Only	0 (0.0%)	30 (8.5%)	10 (2.5%)	---	10 (10.5%)	17 (1.8%)	105 (16.4%)	172 (6.5%)
Combined Funding	6 (5.8%)	33 (9.4%)	4 (1.0%)	2 (2.0%)	2 (2.1%)	178 (18.4%)	---	225 (8.5%)
Unidentified Funding	3 (2.9%)	22 (6.3%)	140 (35.3%)	16 (16.0%)	53 (55.8%)	316 (32.7%)	280 (43.8%)	830 (31.3%)
Total	104 (100.0%)	351 (100.0%)	397 (100.0%)	100 (100.0%)	95 (100.0%)	965 (100.0%)	639 (100.0%)	2,651 (100.0%)

Notes: Providers with a missing value were excluded. Column percents may not total 100 due to rounding.

Table E.5   Annual Prevention Budget (Percent), by Region and Funding Source

Funding Source	Region							
	Upper Peninsula	Northern	Western	Central	Eastern	South-eastern	Detroit	Statewide
MDCH Only (through CAs)	$847,000 (74.0%)	$357,577 (7.7%)	$812,572 (19.0%)	$806,504 (35.8%)	$938,060 (15.3%)	$3,101,485 (32.6%)	$1,663,371 (62.8%)	$8,526,569 (27.8%)
ODCP Only	$64,000 (5.6%)	$2,772,085 (59.9%)	$268,500 (6.3%)	$350,000 (15.5%)	$4,281,000 (69.6%)	$2,648,250 (27.8%)	$205,000 (7.7%)	$10,588,835 (34.6%)
PN Only	$5,000 (0.4%)	$115,000 (2.5%)	$6,000 (0.1%)	---	$4,000 (0.1%)	$66,800 (0.7%)	$42,300 (1.6%)	$239,100 (0.8%)
Combined Funding	$182,000 (15.9%)	$902,000 (19.5%)	$1,108,092 (25.9%)	$225,000 (10.0%)	$861,000 (14.0%)	$1,799,800 (18.9%)	---	$5,077,892 (16.6%)
Unidentified Funding	$47,000 (4.1%)	$483,728 (10.4%)	$2,081,460 (48.7%)	$870,000 (38.6%)	$65,700 (1.1%)	$1,909,862 (20.0%)	$738,292 (27.9%)	$6,196,042 (20.2%)
Total	$1,145,000 (100.0%)	$4,630,390 (100.0%)	$4,276,624 (100.0%)	$2,251,504 (100.0%)	$6,149,760 (100.0%)	$9,526,197 (100.0%)	$2,648,963 (100.0%)	$30,628,438 (100.0%)

Notes: Providers with a missing value were excluded. Column percents may not total 100 due to rounding.

Table E.6   Number (Percent) of Providers Addressing Half or More of *Peer* Objectives, by Region and Funding Source

Funding Source	Region							
	Upper Peninsula	Northern	Western	Central	Eastern	South-eastern	Detroit	Statewide
MDCH Only (through CAs)	7 (43.8%)	6 (21.4%)	7 (21.2%)	6 (33.3%)	14 (53.8%)	17 (26.2%)	7 (31.8%)	64 (30.8%)
ODCP Only	3 (18.8%)	9 (32.1%)	8 (24.2%)	3 (16.7%)	3 (11.5%)	11 (16.9%)	1 (4.5%)	38 (18.3%)
PN Only	1 (6.3%)	2 (7.1%)	2 (6.1%)	---	1 (3.8%)	3 (4.6%)	5 (22.7%)	14 (6.7%)
Combined Funding	2 (12.5%)	7 (25.0%)	5 (15.2%)	2 (11.1%)	2 (7.7%)	9 (13.8%)	---	27 (13.0%)
Unidentified Funding	3 (18.8%)	4 (14.3%)	11 (33.3%)	7 (38.9%)	6 (23.1%)	25 (38.5%)	9 (40.9%)	65 (31.3%)
Total	16 (100.0%)	28 (100.0%)	33 (100.0%)	18 (100.0%)	26 (100.0%)	65 (100.0%)	22 (100.0%)	208 (100.0%)

Notes: Providers with missing values for all objectives within the domain were excluded. Column percents may not total 100 due to rounding.

Table E.7   Number (Percent) of Providers Addressing Half or More of *Family* Objectives, by Region and Funding Source

Funding Source	Region							Statewide
	Upper Peninsula	Northern	Western	Central	Eastern	South-eastern	Detroit	
MDCH Only (through CAs)	6 (46.2%)	5 (23.8%)	7 (25.9%)	4 (28.6%)	9 (45.0%)	12 (27.3%)	3 (21.4%)	46 (30.1%)
ODCP Only	1 (7.7%)	6 (28.6%)	5 (18.5%)	2 (14.3%)	3 (15.0%)	8 (18.2%)	0 (0.0%)	25 (16.3%)
PN Only	0 (0.0%)	2 (9.5%)	2 (7.4%)	---	0 (0.0%)	2 (4.5%)	3 (21.4%)	9 (5.9%)
Combined Funding	1 (7.7%)	6 (28.6%)	4 (14.8%)	2 (14.3%)	2 (10.0%)	5 (11.4%)	---	20 (13.1%)
Unidentified Funding	5 (38.5%)	2 (9.5%)	9 (33.3%)	6 (42.9%)	6 (30.0%)	17 (38.6%)	8 (57.1%)	53 (34.6%)
Total	13 (100.0%)	21 (100.0%)	27 (100.0%)	14 (100.0%)	20 (100.0%)	44 (100.0%)	14 (100.0%)	153 (100.0%)

Notes: Providers with missing values for all objectives within the domain were excluded. Column percents may not total 100 due to rounding.

Table E.8   Number (Percent) of Providers Addressing Half or More of *School* Objectives, by Region and Funding Source

Funding Source	Region							Statewide
	Upper Peninsula	Northern	Western	Central	Eastern	South-eastern	Detroit	
MDCH Only (through CAs)	5 (45.5%)	3 (15.0%)	3 (15.8%)	3 (27.3%)	8 (50.0%)	7 (17.9%)	3 (37.5%)	32 (25.8%)
ODCP Only	3 (27.3%)	8 (40.0%)	7 (36.8%)	3 (27.3%)	3 (18.8%)	10 (25.6%)	0 (0.0%)	34 (27.4%)
PN Only	0 (0.0%)	1 (5.0%)	1 (5.3%)	---	1 (6.3%)	1 (2.6%)	2 (25.0%)	6 (4.8%)
Combined Funding	1 (9.1%)	4 (20.0%)	3 (15.8%)	1 (9.1%)	1 (6.3%)	7 (17.9%)	---	17 (13.7%)
Unidentified Funding	2 (18.2%)	4 (20.0%)	5 (26.3%)	4 (36.4%)	3 (18.8%)	14 (35.9%)	3 (37.5%)	35 (28.2%)
Total	11 (100.0%)	20 (100.0%)	19 (100.0%)	11 (100.0%)	16 (100.0%)	39 (100.0%)	8 (100.0%)	124 (100.0%)

Notes: Providers with missing values for all objectives within the domain were excluded. Column percents may not total 100 due to rounding.

Table E.9   Number (Percent) of Providers Addressing Half or More of *Community* Objectives, by Region and Funding Source

Funding Source	Region							Statewide
	Upper Peninsula	Northern	Western	Central	Eastern	South-eastern	Detroit	
MDCH Only (through CAs)	6 (40.0%)	4 (17.4%)	6 (24.0%)	4 (33.3%)	8 (53.3%)	4 (12.5%)	6 (40.0%)	38 (27.7%)
ODCP Only	3 (20.0%)	7 (30.4%)	7 (28.0%)	2 (16.7%)	3 (20.0%)	8 (25.0%)	0 (0.0%)	30 (21.9%)
PN Only	1 (6.7%)	2 (8.7%)	2 (8.0%)	---	0 (0.0%)	1 (3.1%)	3 (20.0%)	9 (6.6%)
Combined Funding	2 (13.3%)	6 (26.1%)	5 (20.0%)	2 (16.7%)	2 (13.3%)	4 (12.5%)	---	21 (15.3%)
Unidentified Funding	3 (20.0%)	4 (17.4%)	5 (20.0%)	4 (33.3%)	2 (13.3%)	15 (46.9%)	6 (40.0%)	39 (28.5%)
Total	15 (100.0%)	23 (100.0%)	25 (100.0%)	12 (100.0%)	15 (100.0%)	32 (100.0%)	15 (100.0%)	137 (100.0%)

Notes: Providers with missing values for all objectives within the domain were excluded. Column percents may not total 100 due to rounding.

Appendix F

Selected County-Level Results

Exhibit F.1   Number of Providers Providing Activities/Services in Upper Peninsula Counties

Activity/Service	County* 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Total Number of Providers	3	3	4	2	4	2	3	3	4	2	3	6	2	3	4
Peer/Individual Domain															
Supervised After-School Recreation Programs	0	0	1	0	0	0	1	0	2	0	0	1	0	0	2
Drug-Free Social and Recreational Activities	2	1	2	2	1	1	2	1	2	2	3	2	2	1	3
Youth Adventure-Based Programs	0	0	2	0	0	0	1	0	3	0	1	0	0	0	1
Intergenerational	0	0	2	1	1	0	0	0	2	1	1	1	0	0	2
Mentoring	2	2	2	2	3	1	2	2	2	1	1	3	2	1	2
Career/Job Skills Training	0	0	1	0	0	0	1	0	1	0	1	0	0	1	1
Youth Community Service Programs	2	1	3	2	2	1	2	2	3	1	2	2	2	1	3
Peer Leadership/Peer Helper Programs	3	2	3	2	2	1	2	2	3	1	2	3	2	1	3
Life Skills/Social Skills Training	3	3	4	2	4	2	2	2	4	2	2	4	2	2	3
Teen Drop-In Centers	1	0	0	0	0	0	0	1	0	1	0	0	0	0	0
Tutoring Programs	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0
Youth Support Groups	0	0	0	1	1	1	0	0	1	1	1	0	0	0	0
Youth Community Actions Groups	1	1	1	2	2	1	2	3	2	1	3	2	2	1	3
Teen Parenting Education	2	1	2	1	1	1	1	1	2	2	2	2	1	1	1
Other	2	2	3	0	0	0	1	0	1	0	0	3	0	2	1
Family Domain															
Prenatal/Infancy	1	1	1	0	1	0	0	0	0	1	1	1	0	0	1
Early Childhood Education	1	0	3	0	1	0	1	0	1	1	1	0	1	0	1
Parenting/Family Management Training	0	1	2	1	1	0	1	0	1	0	2	2	1	0	1
Premarital Counseling	1	0	0	0	0	0	0	0	0	1	2	0	0	0	1
Family Support	1	0	2	1	0	0	2	0	3	1	2	1	0	0	1
Other	1	0	0	0	0	0	0	0	0	1	0	3	0	0	0

(continued)

Exhibit F.1 Number of Providers Providing Activities/Services in Upper Peninsula Counties (continued)

Activity/Service	County*														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
School Domain															
Organizational Change in Schools	2	1	2	2	3	1	2	2	3	2	2	3	2	1	2
Classroom Organization, Management, and Instructional Practices	1	0	0	1	1	0	1	1	2	0	0	2	0	0	1
School Behavior Management	0	0	0	1	0	0	1	0	2	0	0	1	0	0	0
School Transition	0	0	0	0	0	0	1	0	2	0	0	0	0	0	0
Development of School Policies that Discourage Substance Use/Abuse	2	2	3	2	1	1	2	1	3	1	2	3	2	1	2
Enforcement of School Policies that Discourage Substance Use/Abuse	0	0	1	0	0	0	1	0	2	0	0	2	0	0	1
Student Assistance Programs	1	0	0	1	3	0	0	2	1	0	0	2	0	0	0
Prevention Education Support Groups	1	2	1	1	2	1	1	2	2	1	1	2	0	1	2
Parental-Involvement Initiatives	1	1	1	1	1	0	0	1	1	0	1	1	0	0	1
Classroom Curriculum Presentations	1	1	2	1	2	0	2	1	3	1	1	1	1	1	2
Curriculum Infusion Initiatives	0	1	1	0	1	0	1	0	1	0	0	0	0	1	0
Other	1	0	0	0	0	0	0	0	0	0	1	1	0	0	1
Community Domain															
Development of Community Laws and Policies that Discourage Substance Abuse	2	1	4	2	2	1	2	1	2	1	1	2	2	1	3
Enforcement of Community Laws and Policies that Discourage Substance Abuse	0	0	2	1	1	0	1	0	1	0	0	2	0	0	2
Media Campaigns	3	2	3	2	3	1	3	2	3	2	3	4	2	2	3
Information Dissemination	2	3	4	2	4	2	3	3	4	2	3	3	2	1	4
Community Mobilization	3	2	4	2	1	1	2	1	1	2	2	4	2	1	2
Community Development/Capacity Building	3	2	3	2	2	1	1	1	2	2	2	4	2	1	2
Community Assessment Surveys	2	1	3	2	2	1	1	1	1	1	2	3	2	1	2
Other	0	0	1	0	0	0	0	0	0	0	0	0	0	0	2

* 1=Alger; 2=Baraga; 3=Chippewa; 4=Delta; 5=Dickinson; 6=Gogebic; 7=Houghton; 8=Iron; 9=Keweenaw; 10=Luce; 11=Mackinac; 12=Marquette; 13=Menominee; 14=Ontonagon; 15=Schoolcraft.

Exhibit F.2   Number of Providers Providing Activities/Services in Northern Counties

Activity/Service	County* 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Total Number of Providers	2	2	2	3	1	3	3	2	1	2	4	2	2	8	2
Peer/Individual Domain															
Supervised After-School Recreation Programs	0	0	0	2	1	1	1	1	0	1	2	0	1	2	1
Drug-Free Social and Recreational Activities	0	1	2	1	0	1	2	1	0	2	2	0	0	4	1
Youth Adventure-Based Programs	0	0	2	1	0	1	1	2	0	2	2	0	1	2	0
Intergenerational	0	1	0	0	0	0	0	1	0	0	2	0	0	1	1
Mentoring	0	0	1	1	0	2	1	1	0	2	2	0	0	2	1
Career/Job Skills Training	0	0	1	1	0	0	1	1	0	1	1	1	1	2	1
Youth Community Service Programs	0	1	1	3	1	2	2	1	0	2	2	0	1	3	1
Peer Leadership/Peer Helper Programs	0	0	2	2	0	2	2	2	0	2	3	0	0	3	2
Life Skills/Social Skills Training	1	1	2	3	1	2	2	2	0	2	4	2	2	8	2
Teen Drop-In Centers	0	0	1	0	0	1	1	0	0	1	0	0	0	1	0
Tutoring Programs	0	0	1	2	1	2	1	1	0	2	1	0	2	2	1
Youth Support Groups	0	0	1	2	0	2	2	1	0	2	3	1	0	3	1
Youth Community Actions Groups	0	0	0	3	0	0	1	2	0	2	3	0	1	4	1
Teen Parenting Education	0	0	1	0	0	0	1	0	0	1	2	0	0	1	0
Other	1	1	0	0	1	1	2	0	1	0	1	2	0	0	0
Family Domain															
Prenatal/Infancy	1	1	0	1	0	0	1	0	0	0	1	0	1	0	0
Early Childhood Education	0	0	1	2	0	1	1	1	0	2	2	0	2	0	1
Parenting/Family Management Training	0	1	2	1	1	3	2	0	0	2	2	1	1	0	1
Premarital Counseling	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Family Support	0	0	1	0	1	1	1	0	0	1	1	0	1	0	1
Other	0	0	0	0	0	0	0	1	0	0	1	1	0	1	0

(continued)

Exhibit F.2   Number of Providers Providing Activities/Services in Northern Counties (continued)

Activity/Service	County*														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
School Domain															
Organizational Change in Schools	0	1	2	3	1	2	2	2	0	2	4	0	2	4	2
Classroom Organization, Management, and Instructional Practices	0	1	2	1	1	1	1	1	0	1	2	0	1	4	1
School Behavior Management	0	0	0	2	1	0	0	0	0	0	1	0	2	1	1
School Transition	0	0	0	1	0	0	0	1	0	0	1	0	0	1	0
Development of School Policies that Discourage Substance Use/Abuse	0	0	2	2	0	3	2	2	0	2	3	0	1	4	1
Enforcement of School Policies that Discourage Substance Use/Abuse	0	0	1	3	0	1	1	1	0	1	2	0	2	3	1
Student Assistance Programs	0	0	2	2	1	2	2	1	0	2	3	0	1	5	1
Prevention Education Support Groups	0	0	2	3	1	2	2	2	0	2	3	1	2	4	1
Parental-Involvement Initiatives	0	1	2	2	1	2	2	1	0	2	2	1	1	1	2
Classroom Curriculum Presentations	0	1	2	3	1	2	2	1	0	2	3	1	2	6	1
Curriculum Infusion Initiatives	0	0	1	0	0	1	1	1	0	1	2	0	0	3	1
Other	0	0	0	0	0	0	0	1	0	0	1	1	0	0	0
Community Domain															
Development of Community Laws and Policies that Discourage Substance Abuse	0	1	2	0	0	1	2	1	0	1	2	2	1	4	1
Enforcement of Community Laws and Policies that Discourage Substance Abuse	0	1	2	1	1	2	2	0	0	2	0	1	1	3	1
Media Campaigns	1	1	2	2	1	3	2	1	0	2	2	1	0	5	1
Information Dissemination	1	1	2	2	1	3	2	2	0	2	3	1	1	5	2
Community Mobilization	0	1	1	2	1	3	1	1	0	2	2	2	0	2	2
Community Development/Capacity Building	0	1	2	2	0	2	2	1	0	2	3	1	1	2	1
Community Assessment Surveys	0	1	2	1	1	2	1	1	0	2	2	2	0	3	2
Other	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0

* 1=Alcona; 2=Alpena; 3=Antrim; 4=Arenac; 5=Benzie; 6=Charlevoix; 7=Cheboygan; 8=Clare; 9=Crawford; 10=Emmet; 11=Gladwin; 12=Grand Traverse; 13=Iosco; 14=Isabella; 15=Kalkaska.

Exhibit F.2   Number of Providers Providing Activities/Services in Northern Counties (continued)

Activity/Service	County* 16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Total Number of Providers	1	1	1	2	3	5	1	2	1	3	1	2	2	2	2	1
Peer/Individual Domain																
Supervised After-School Recreation Programs	1	0	1	1	3	2	0	0	0	1	0	0	0	1	1	0
Drug-Free Social and Recreational Activities	1	0	0	2	3	2	0	1	1	0	0	0	0	1	1	0
Youth Adventure-Based Programs	0	0	0	0	1	2	0	0	0	1	1	0	0	0	1	0
Intergenerational	0	0	0	0	0	1	0	0	0	0	1	0	0	0	1	0
Mentoring	0	0	0	0	1	2	0	0	0	0	0	0	0	1	1	0
Career/Job Skills Training	0	0	0	0	2	2	0	0	0	1	0	0	0	0	1	0
Youth Community Service Programs	1	0	1	0	1	1	0	0	0	1	1	0	0	1	1	0
Peer Leadership/Peer Helper Programs	1	0	1	1	2	3	0	0	0	0	0	0	0	1	1	0
Life Skills/Social Skills Training	1	1	1	1	3	4	0	0	1	2	1	1	0	1	1	0
Teen Drop-In Centers	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0
Tutoring Programs	0	0	1	0	1	1	0	0	0	1	0	1	0	0	1	0
Youth Support Groups	0	1	0	1	2	2	0	0	1	0	0	0	1	0	0	0
Youth Community Actions Groups	1	0	0	2	1	3	0	0	1	0	0	0	1	1	1	0
Teen Parenting Education	1	1	0	1	1	0	0	0	0	2	0	0	0	0	0	0
Other	0	0	1	0	1	2	0	0	0	0	0	1	1	1	1	0
Family Domain																
Prenatal/Infancy	1	0	0	1	0	0	0	1	0	1	0	2	0	1	0	0
Early Childhood Education	1	0	0	2	0	3	0	0	1	2	0	1	0	0	1	0
Parenting/Family Management Training	1	1	1	2	1	4	0	0	1	1	1	1	0	0	1	0
Premarital Counseling	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0
Family Support	1	1	1	0	1	2	0	0	0	1	0	1	0	0	0	0
Other	0	0	0	0	1	2	0	0	0	0	0	0	0	0	0	0

(continued)

Exhibit F.2   Number of Providers Providing Activities/Services in Northern Counties (continued)

Activity/Service	County*															
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
School Domain																
Organizational Change in Schools	1	1	1	1	1	3	0	0	1	2	0	1	1	0	1	0
Classroom Organization, Management, and Instructional Practices	1	0	1	2	2	2	0	1	0	0	0	0	1	1	1	0
School Behavior Management	0	1	1	1	1	1	0	0	1	1	0	1	0	0	1	0
School Transition	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0
Development of School Policies that Discourage Substance Use/Abuse	0	1	0	2	1	3	0	0	1	1	0	1	0	0	1	0
Enforcement of School Policies that Discourage Substance Use/Abuse	0	0	0	1	2	2	0	0	0	2	0	1	0	0	1	0
Student Assistance Programs	1	0	1	0	3	1	0	0	0	1	0	1	1	0	1	0
Prevention Education Support Groups	1	1	1	1	1	3	0	0	1	2	0	1	0	0	1	0
Parental-Involvement Initiatives	0	0	1	0	1	2	0	1	0	1	0	1	0	1	1	0
Classroom Curriculum Presentations	1	0	1	1	2	3	0	1	1	2	0	1	1	1	1	0
Curriculum Infusion Initiatives	0	0	0	1	1	1	0	0	0	0	0	0	0	0	1	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Domain																
Development of Community Laws and Policies that Discourage Substance Abuse	0	0	0	0	1	2	1	0	0	1	0	1	0	1	1	1
Enforcement of Community Laws and Policies that Discourage Substance Abuse	1	0	1	0	3	2	1	0	0	1	0	1	1	0	1	1
Media Campaigns	1	0	1	1	2	3	1	1	1	0	0	0	0	1	0	1
Information Dissemination	1	1	1	1	3	3	1	1	1	1	1	1	1	1	1	1
Community Mobilization	0	1	1	1	1	3	1	1	1	0	0	0	0	1	0	1
Community Development/Capacity Building	1	0	0	1	0	1	1	1	1	1	0	0	1	1	0	1
Community Assessment Surveys	1	1	1	1	1	3	1	0	1	0	0	0	1	1	0	1
Other	0	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0

* 16=Lake; 17=Leelanau; 18=Manistee; 19=Mason; 20=Mecosta; 21=Midland; 22=Missaukee; 23=Montmorency; 24=Oceana; 25=Ogemaw; 26=Osceola; 27=Oscoda; 28=Otsego; 29=Presque Isle; 30=Roscommon; 31=Wexford.

Exhibit F.3   Number of Providers Providing Activities/Services in Western Counties

Activity/Service	County*													
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**
Total Number of Providers	3	3	3	2	3	3	7	7	4	5	5	1	6	1
Peer/Individual Domain														
Supervised After-School Recreation Programs	1	0	1	0	1	0	0	2	0	3	1	0	2	1
Drug-Free Social and Recreational Activities	1	0	2	1	2	0	1	0	0	0	2	0	2	1
Youth Adventure-Based Programs	1	0	0	0	2	0	0	0	0	3	1	1	3	1
Intergenerational	0	0	0	1	1	0	1	2	0	1	1	0	1	0
Mentoring	1	0	0	1	2	0	2	2	0	4	1	1	3	1
Career/Job Skills Training	1	0	1	0	2	0	1	2	0	3	0	0	1	1
Youth Community Service Programs	1	0	0	1	2	0	3	2	0	2	2	0	3	1
Peer Leadership/Peer Helper Programs	1	0	1	2	2	1	4	2	0	1	3	1	3	1
Life Skills/Social Skills Training	2	3	2	1	3	1	5	6	3	4	3	1	4	1
Teen Drop-In Centers	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Tutoring Programs	0	0	1	1	0	0	0	1	0	3	0	0	2	0
Youth Support Groups	0	0	0	0	1	0	1	2	0	1	0	0	1	0
Youth Community Actions Groups	0	1	2	1	1	0	1	0	0	0	2	1	3	0
Teen Parenting Education	0	0	0	1	1	0	3	4	0	2	0	1	3	0
Other	0	0	0	0	0	1	2	2	3	0	0	0	1	0
Family Domain														
Prenatal/Infancy	2	1	0	1	1	0	3	1	0	2	0	1	1	1
Early Childhood Education	1	1	0	2	2	0	2	2	0	1	1	0	2	1
Parenting/Family Management Training	2	2	2	2	1	2	4	6	3	4	2	1	3	1
Premarital Counseling	0	0	0	0	0	1	0	2	0	1	0	0	0	0
Family Support	1	0	0	0	1	1	1	4	1	4	1	0	3	1
Other	0	0	0	0	1	1	2	2	1	1	1	0	0	0

(continued)

Exhibit F.3   Number of Providers Providing Activities/Services in Western Counties (continued)

Activity/Service	County*													
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**
School Domain														
Organizational Change in Schools	0	1	2	1	1	0	3	1	0	3	2	1	5	0
Classroom Organization, Management, and Instructional Practices	1	0	2	1	1	0	3	0	0	2	2	0	1	1
School Behavior Management	1	1	2	1	0	0	2	0	0	3	0	0	2	1
School Transition	0	0	1	0	0	0	0	0	0	1	0	0	1	0
Development of School Policies that Discourage Substance Use/Abuse	1	1	3	2	0	0	3	0	0	2	2	1	3	1
Enforcement of School Policies that Discourage Substance Use/Abuse	1	1	3	2	0	0	1	0	1	2	2	0	3	1
Student Assistance Programs	1	3	2	1	1	0	3	1	0	0	1	1	4	1
Prevention Education Support Groups	1	0	2	0	2	0	1	1	0	3	2	1	2	1
Parental-Involvement Initiatives	0	1	2	2	2	0	3	2	0	1	2	0	3	0
Classroom Curriculum Presentations	1	2	3	1	1	0	5	2	0	1	2	1	2	1
Curriculum Infusion Initiatives	1	1	2	2	1	0	3	0	0	1	2	0	2	1
Other	0	0	0	0	0	0	0	0	0	1	1	0	0	0
Community Domain														
Development of Community Laws and Policies that Discourage Substance Abuse	1	2	0	2	0	0	3	0	1	2	2	1	2	0
Enforcement of Community Laws and Policies that Discourage Substance Abuse	1	0	3	1	2	1	3	0	0	2	2	0	3	0
Media Campaigns	0	1	3	1	1	1	1	2	0	1	1	1	1	0
Information Dissemination	3	2	3	2	3	2	6	6	2	5	4	1	5	1
Community Mobilization	1	2	1	2	2	0	4	2	0	2	3	1	3	0
Community Development/Capacity Building	1	2	1	2	2	1	6	4	1	0	3	1	4	0
Community Assessment Surveys	0	0	1	2	1	1	3	1	1	1	3	1	2	0
Other	1	0	0	0	0	0	2	1	0	0	0	0	1	0

* 1=Allegan; 2=Barry; 3=Berrien; 4=Branch; 5=Cass; 6=Ionia; 7=Kalamazoo; 8=Kent; 9=Montcalm; 10=Muskegon; 11=Newaygo; 12=Ottawa; 13=St. Joseph; 14=Van Buren.

Exhibit F.4   Number of Providers Providing Activities/Services in Central Counties

Activity/Service	County* 1	2	3	4	5	6	7	8	9
Total Number of Providers	9	5	4	4	3	7	6	7	5
Peer/Individual Domain									
Supervised After-School Recreation Programs	4	1	1	0	1	1	2	2	0
Drug-Free Social and Recreational Activities	2	0	0	0	0	1	2	2	0
Youth Adventure-Based Programs	1	0	0	1	0	1	0	1	0
Intergenerational	1	2	1	0	0	2	1	1	1
Mentoring	4	1	1	1	0	1	4	3	2
Career/Job Skills Training	3	0	0	1	0	1	2	2	0
Youth Community Service Programs	3	1	0	0	0	1	3	3	0
Peer Leadership/Peer Helper Programs	5	2	2	2	1	3	3	4	1
Life Skills/Social Skills Training	6	5	4	2	3	6	4	4	4
Teen Drop-In Centers	0	0	0	0	0	0	0	1	0
Tutoring Programs	2	1	1	1	0	1	1	2	0
Youth Support Groups	0	1	1	2	0	1	1	1	1
Youth Community Actions Groups	4	1	0	1	0	2	1	1	0
Teen Parenting Education	2	1	1	1	0	2	1	0	2
Other	3	1	1	0	1	1	2	1	2
Family Domain									
Prenatal/Infancy	2	0	0	0	0	1	1	1	1
Early Childhood Education	2	0	1	0	0	1	2	0	0
Parenting/Family Management Training	5	3	2	2	0	4	3	2	3
Premarital Counseling	0	0	0	1	0	1	0	0	1
Family Support	1	2	2	0	0	2	2	1	2
Other	1	0	0	0	0	1	0	0	1

(continued)

Exhibit F.4   Number of Providers Providing Activities/Services in Central Counties (continued)

Activity/Service	County*								
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
School Domain									
Organizational Change in Schools	5	1	1	0	3	1	3	3	1
Classroom Organization, Management, and Instructional Practices	0	0	0	0	0	1	0	1	1
School Behavior Management	5	1	1	0	0	2	1	2	1
School Transition	1	0	0	0	0	1	0	1	0
Development of School Policies that Discourage Substance Use/Abuse	4	1	1	0	2	2	2	2	1
Enforcement of School Policies that Discourage Substance Use/Abuse	3	1	1	1	2	1	2	2	1
Student Assistance Programs	3	1	1	0	1	2	1	2	2
Prevention Education Support Groups	3	1	2	2	1	2	2	2	1
Parental-Involvement Initiatives	3	2	2	1	0	2	2	1	1
Classroom Curriculum Presentations	2	0	1	0	2	1	2	2	1
Curriculum Infusion Initiatives	3	1	0	0	2	0	2	3	1
Other	0	0	0	0	0	0	0	1	0
Community Domain									
Development of Community Laws and Policies that Discourage Substance Abuse	6	0	0	0	1	1	3	2	0
Enforcement of Community Laws and Policies that Discourage Substance Abuse	4	1	1	0	0	2	2	1	1
Media Campaigns	4	0	0	0	1	0	3	2	2
Information Dissemination	9	3	3	3	3	5	6	5	4
Community Mobilization	7	1	1	1	2	2	3	3	2
Community Development/Capacity Building	7	1	1	2	3	1	5	5	2
Community Assessment Surveys	5	0	1	0	0	1	2	2	0
Other	2	0	0	0	0	2	0	0	0

* 1=Calhoun; 2=Clinton; 3=Eaton; 4=Gratiot; 5=Hillsdale; 6=Ingham; 7=Jackson; 8=Lenawee; 9=Shiawassee.

Exhibit F.5   Number of Providers Providing Activities/Services in Eastern Counties

Activity/Service	County* 1	2	3	4	5	6	7	8
Total Number of Providers	4	12	2	4	7	7	1	3
Peer/Individual Domain								
Supervised After-School Recreation Programs	1	3	1	0	4	2	1	1
Drug-Free Social and Recreational Activities	1	3	1	0	3	1	0	1
Youth Adventure-Based Programs	0	1	1	2	1	2	0	1
Intergenerational	0	3	0	0	4	0	0	0
Mentoring	1	6	0	2	4	2	1	0
Career/Job Skills Training	2	6	0	0	2	3	0	0
Youth Community Service Programs	1	3	1	1	2	4	0	0
Peer Leadership/Peer Helper Programs	1	5	1	2	3	4	0	0
Life Skills/Social Skills Training	2	11	2	4	7	6	1	3
Teen Drop-In Centers	0	2	0	0	4	1	0	0
Tutoring Programs	1	3	0	0	4	2	1	0
Youth Support Groups	0	2	0	0	1	1	0	1
Youth Community Actions Groups	1	2	1	2	3	2	1	1
Teen Parenting Education	1	3	0	2	2	2	0	1
Other	1	1	2	2	1	2	0	1
Family Domain								
Prenatal/Infancy	0	1	0	1	1	1	1	1
Early Childhood Education	1	2	0	1	2	1	1	1
Parenting/Family Management Training	1	5	0	2	2	5	0	1
Premarital Counseling	1	2	0	0	1	0	0	0
Family Support	1	6	0	1	3	4	0	0
Other	0	1	0	0	1	1	0	0

(continued)

Activity/Service	County*							
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
School Domain								
Organizational Change in Schools	1	1	1	1	3	2	1	0
Classroom Organization, Management, and Instructional Practices	1	1	0	1	0	2	1	1
School Behavior Management	1	3	0	1	3	2	0	0
School Transition	1	2	0	0	0	2	0	0
Development of School Policies that Discourage Substance Use/Abuse	1	2	0	1	1	1	0	1
Enforcement of School Policies that Discourage Substance Use/Abuse	1	1	1	0	2	1	0	1
Student Assistance Programs	1	6	1	2	2	1	1	1
Prevention Education Support Groups	2	5	0	1	3	4	0	1
Parental-Involvement Initiatives	2	6	0	1	1	2	0	0
Classroom Curriculum Presentations	2	2	1	3	2	4	1	1
Curriculum Infusion Initiatives	1	1	0	1	0	1	0	0
Other	0	1	0	0	0	1	0	0
Community Domain								
Development of Community Laws and Policies that Discourage Substance Abuse	2	2	1	1	1	2	1	0
Enforcement of Community Laws and Policies that Discourage Substance Abuse	1	2	1	1	2	3	1	1
Media Campaigns	2	4	1	1	3	4	1	1
Information Dissemination	3	11	1	4	4	5	1	1
Community Mobilization	1	4	1	3	3	2	1	2
Community Development/Capacity Building	2	4	0	0	4	2	1	2
Community Assessment Surveys	3	3	1	1	2	3	1	1
Other	1	1	0	0	0	0	0	0

* 1=Bay; 2=Genesee; 3=Huron; 4=Lapeer; 5=Saginaw; 6=St. Clair; 7=Sanilac; 8=Tuscola.

Exhibit F.6   Number of Providers Providing Activities/Services in Southeastern Counties

| Activity/Service | County* | | | | | |
	1	2	3	4	5	6
Total Number of Providers	10	11	5	37	6	27
Peer/Individual Domain						
Supervised After-School Recreation Programs	2	2	2	16	2	11
Drug-Free Social and Recreational Activities	0	2	1	13	2	11
Youth Adventure-Based Programs	1	1	1	7	0	8
Intergenerational	3	0	1	10	1	6
Mentoring	3	3	2	16	3	15
Career/Job Skills Training	2	3	1	12	3	9
Youth Community Service Programs	4	5	3	13	3	14
Peer Leadership/Peer Helper Programs	3	4	2	19	3	17
Life Skills/Social Skills Training	8	7	5	30	6	23
Teen Drop-In Centers	0	0	0	2	0	1
Tutoring Programs	1	1	1	14	2	11
Youth Support Groups	2	1	3	13	1	6
Youth Community Actions Groups	2	3	2	14	1	9
Teen Parenting Education	2	3	0	8	1	9
Other	5	2	0	11	3	7
Family Domain						
Prenatal/Infancy	1	2	0	10	2	5
Early Childhood Education	1	3	2	16	0	8
Parenting/Family Management Training	5	5	3	21	2	14
Premarital Counseling	0	0	0	3	0	1
Family Support	1	1	1	14	2	6
Other	2	0	1	6	1	2

(continued)

Exhibit F.6   Number of Providers Providing Activities/Services in Southeastern Counties (continued)

Activity/Service	County* 1	2	3	4	5	6
School Domain						
Organizational Change in Schools	1	6	1	13	1	13
Classroom Organization, Management, and Instructional Practices	1	2	1	11	2	7
School Behavior Management	0	2	1	11	1	7
School Transition	1	2	1	6	0	4
Development of School Policies that Discourage Substance Use/Abuse	1	3	2	13	1	8
Enforcement of School Policies that Discourage Substance Use/Abuse	0	3	1	12	2	13
Student Assistance Programs	2	2	1	8	0	10
Prevention Education Support Groups	4	4	1	17	1	12
Parental-Involvement Initiatives	1	4	1	14	2	12
Classroom Curriculum Presentations	2	4	4	19	2	11
Curriculum Infusion Initiatives	1	1	2	10	1	7
Other	1	0	0	5	0	0
Community Domain						
Development of Community Laws and Policies that Discourage Substance Abuse	0	2	2	8	0	7
Enforcement of Community Laws and Policies that Discourage Substance Abuse	1	3	3	9	1	7
Media Campaigns	4	3	3	11	1	7
Information Dissemination	6	8	4	26	3	25
Community Mobilization	5	3	4	15	3	11
Community Development/Capacity Building	4	6	2	15	2	14
Community Assessment Surveys	2	1	0	9	1	8
Other	0	0	0	1	0	0

* 1=Livingston; 2=Macomb; 3=Monroe; 4=Oakland; 5=Washtenaw; 6=Wayne, outside Detroit.

Exhibit F.7   Number of Providers Providing Activities/ Services in Detroit*

Activity/Service	Detroit
Total Number of Providers	31
Peer/Individual Domain	
Supervised After-School Recreation Programs	8
Drug-Free Social and Recreational Activities	14
Youth Adventure-Based Programs	3
Intergenerational	6
Mentoring	18
Career/Job Skills Training	11
Youth Community Service Programs	12
Peer Leadership/Peer Helper Programs	15
Life Skills/Social Skills Training	25
Teen Drop-In Centers	1
Tutoring Programs	9
Youth Support Groups	5
Youth Community Actions Groups	7
Teen Parenting Education	4
Other	13
Family Domain	
Prenatal/Infancy	5
Early Childhood Education	6
Parenting/Family Management Training	12
Premarital Counseling	2
Family Support	9
Other	4

(continued)

Exhibit F.7   Number of Providers Providing Activities/ Services in Detroit* (continued)

Activity/Service	Detroit
School Domain	
Organizational Change in Schools	7
Classroom Organization, Management, and Instructional Practices	4
School Behavior Management	6
School Transition	1
Development of School Policies that Discourage Substance Use/Abuse	3
Enforcement of School Policies that Discourage Substance Use/Abuse	4
Student Assistance Programs	3
Prevention Education Support Groups	7
Parental-Involvement Initiatives	5
Classroom Curriculum Presentations	9
Curriculum Infusion Initiatives	3
Other	3
Community Domain	
Development of Community Laws and Policies that Discourage Substance Abuse	6
Enforcement of Community Laws and Policies that Discourage Substance Abuse	6
Media Campaigns	10
Information Dissemination	25
Community Mobilization	15
Community Development/Capacity Building	18
Community Assessment Surveys	7
Other	2

* Wayne County (inside Detroit).

Exhibit F.8　Number of Providers Identifying Activities/Services as "Top 3" Provided in Upper Peninsula Counties

Activity/Service	County*														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Total Number of Providers	3	3	4	2	4	2	3	3	4	2	3	6	2	3	4
Peer/Individual Domain															
Supervised After-School Recreation Programs	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0
Drug-Free Social and Recreational Activities	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Youth Adventure-Based Programs	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0
Intergenerational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mentoring	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0
Career/Job Skills Training	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Youth Community Service Programs	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0
Peer Leadership/Peer Helper Programs	1	0	0	0	1	0	1	1	2	0	0	1	1	0	0
Life Skills/Social Skills Training	1	2	2	2	1	1	1	1	1	1	1	1	2	1	1
Teen Drop-In Centers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tutoring Programs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth Support Groups	0	0	0	0	1	1	0	1	0	0	0	0	0	0	0
Youth Community Actions Groups	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1
Teen Parenting Education	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Other	0	2	2	0	0	0	1	0	1	0	0	1	0	2	1
Family Domain															
Prenatal/Infancy	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0
Early Childhood Education	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0
Parenting/Family Management Training	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Premarital Counseling	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Family Support	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0

(continued)

Exhibit F.8   Number of Providers Identifying Activities/Services as "Top 3" Provided in Upper Peninsula Counties (continued)

Activity/Service	County*														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
School Domain															
Organizational Change in Schools	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Classroom Organization, Management, and Instructional Practices	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
School Behavior Management	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
School Transition	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Development of School Policies that Discourage Substance Use/Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Enforcement of School Policies that Discourage Substance Use/Abuse	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Student Assistance Programs	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Prevention Education Support Groups	0	1	0	0	2	0	1	1	0	0	1	0	0	0	0
Parental-Involvement Initiatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Classroom Curriculum Presentations	0	1	1	0	1	1	1	1	1	0	0	0	0	1	0
Curriculum Infusion Initiatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Community Domain															
Development of Community Laws and Policies that Discourage Substance Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Enforcement of Community Laws and Policies that Discourage Substance Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Media Campaigns	1	0	0	0	0	0	0	0	0	1	1	1	0	0	2
Information Dissemination	1	1	1	1	2	1	0	2	0	1	1	0	1	0	1
Community Mobilization	2	1	1	2	1	1	1	1	1	1	2	3	1	1	1
Community Development/Capacity Building	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Community Assessment Surveys	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1

* 1=Alger; 2=Baraga; 3=Chippewa; 4=Delta; 5=Dickinson; 6=Gogebic; 7=Houghton; 8=Iron; 9=Keweenaw; 10=Luce; 11=Mackinac; 12=Marquette; 13=Menominee; 14=Ontonagon; 15=Schoolcraft.

Exhibit F.9   Number of Providers Identifying Activities/Services as "Top 3" Provided in Northern Counties

Activity/Service	County*														
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**
Total Number of Providers	2	2	2	3	1	3	3	2	1	2	4	2	2	8	2
Peer/Individual Domain															
Supervised After-School Recreation Programs	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Drug-Free Social and Recreational Activities	0	0	0	0	0	1	0	1	0	0	1	0	0	3	0
Youth Adventure-Based Programs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Intergenerational	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Mentoring	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Career/Job Skills Training	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth Community Service Programs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer Leadership/Peer Helper Programs	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0
Life Skills/Social Skills Training	0	0	1	1	1	1	1	0	0	1	1	1	0	4	1
Teen Drop-In Centers	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0
Tutoring Programs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth Support Groups	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Youth Community Actions Groups	0	0	0	1	0	0	0	1	0	0	2	0	0	0	0
Teen Parenting Education	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	1	0	0	0	0	1	0	1	0	1	1	0	0	0
Family Domain															
Prenatal/Infancy	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Early Childhood Education	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Parenting/Family Management Training	0	0	1	0	0	2	2	0	0	2	1	0	1	0	0
Premarital Counseling	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Family Support	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Exhibit F.9 Number of Providers Identifying Activities/Services as "Top 3" Provided in Northern Counties (continued)

Activity/Service	County* 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
School Domain															
Organizational Change in Schools	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Classroom Organization, Management, and Instructional Practices	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
School Behavior Management	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
School Transition	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Development of School Policies that Discourage Substance Use/Abuse	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Enforcement of School Policies that Discourage Substance Use/Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Student Assistance Programs	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0
Prevention Education Support Groups	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0
Parental-Involvement Initiatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Classroom Curriculum Presentations	0	0	2	0	0	2	2	0	0	2	0	0	0	1	1
Curriculum Infusion Initiatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Community Domain															
Development of Community Laws and Policies that Discourage Substance Abuse	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Enforcement of Community Laws and Policies that Discourage Substance Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Media Campaigns	1	1	0	1	0	0	0	0	0	0	0	0	0	3	0
Information Dissemination	1	0	0	1	0	0	0	2	0	0	1	0	0	2	0
Community Mobilization	0	1	0	0	0	0	0	0	0	0	0	0	0	1	1
Community Development/Capacity Building	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0
Community Assessment Surveys	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0

* 1=Alcona; 2=Alpena; 3=Antrim; 4=Arenac; 5=Benzie; 6=Charlevoix; 7=Cheboygan; 8=Clare; 9=Crawford; 10=Emmet; 11=Gladwin; 12=Grand Traverse; 13=Iosco; 14=Isabella; 15=Kalkaska.

Exhibit F.9   Number of Providers Identifying Activities/Services as "Top 3" Provided in Northern Counties (continued)

Activity/Service	County*															
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Total Number of Providers	1	1	1	2	3	5	1	2	1	3	1	2	2	2	2	1
Peer/Individual Domain																
Supervised After-School Recreation Programs	0	0	0	1	3	1	0	0	0	0	0	0	1	0	0	0
Drug-Free Social and Recreational Activities	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0
Youth Adventure-Based Programs	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Intergenerational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mentoring	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Career/Job Skills Training	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth Community Service Programs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peer Leadership/Peer Helper Programs	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Life Skills/Social Skills Training	0	1	1	1	1	0	0	0	1	0	1	0	0	0	0	0
Teen Drop-In Centers	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0
Tutoring Programs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth Support Groups	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth Community Actions Groups	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Teen Parenting Education	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	0
Family Domain																
Prenatal/Infancy	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0
Early Childhood Education	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Parenting/Family Management Training	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Premarital Counseling	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Family Support	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0

(continued)

Exhibit F.9   Number of Providers Identifying Activities/Services as "Top 3" Provided in Northern Counties (continued)

Activity/Service	County*															
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
School Domain																
Organizational Change in Schools	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Classroom Organization, Management, and Instructional Practices	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0
School Behavior Management	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0
School Transition	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Development of School Policies that Discourage Substance Use/Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Enforcement of School Policies that Discourage Substance Use/Abuse	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Student Assistance Programs	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0
Prevention Education Support Groups	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Parental-Involvement Initiatives	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Classroom Curriculum Presentations	1	0	0	1	0	1	0	0	1	0	0	0	0	0	0	0
Curriculum Infusion Initiatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Community Domain																
Development of Community Laws and Policies that Discourage Substance Abuse	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Enforcement of Community Laws and Policies that Discourage Substance Abuse	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Media Campaigns	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0
Information Dissemination	0	0	0	1	0	2	0	1	1	0	1	0	0	0	0	0
Community Mobilization	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0
Community Development/Capacity Building	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Assessment Surveys	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Other	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1

* 16=Lake; 17=Leelanau; 18=Manistee; 19=Mason; 20=Mecosta; 21=Midland; 22=Missaukee; 23=Montmorency; 24=Oceana; 25=Ogemaw; 26=Osceola; 27=Oscoda; 28=Otsego; 29=Presque Isle; 30=Roscommon; 31=Wexford.

Exhibit F.10   Number of Providers Identifying Activities/Services as "Top 3" Provided in Western Counties

Activity/Service	County* 1	2	3	4	5	6	7	8	9	10	11	12	13	14
Total Number of Providers	3	3	3	2	3	3	7	7	4	5	5	1	6	1
Peer/Individual Domain														
Supervised After-School Recreation Programs	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Drug-Free Social and Recreational Activities	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Youth Adventure-Based Programs	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Intergenerational	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Mentoring	0	0	0	0	0	0	0	0	0	1	0	1	1	1
Career/Job Skills Training	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Youth Community Service Programs	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Peer Leadership/Peer Helper Programs	0	0	0	0	0	0	1	1	0	0	1	0	0	0
Life Skills/Social Skills Training	1	2	0	1	1	0	3	3	2	2	0	0	2	0
Teen Drop-In Centers	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tutoring Programs	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth Support Groups	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Youth Community Actions Groups	0	0	1	1	0	0	0	0	0	0	0	0	0	0
Teen Parenting Education	0	0	0	0	0	0	0	2	0	0	0	0	0	0
Other	0	0	0	0	0	1	1	1	2	0	0	0	0	0
Family Domain														
Prenatal/Infancy	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Early Childhood Education	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Parenting/Family Management Training	1	1	0	1	0	2	2	3	3	2	1	1	2	0
Premarital Counseling	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Family Support	0	0	0	0	0	1	1	1	1	2	1	0	0	0
Other	0	0	0	0	1	0	1	0	0	1	0	0	0	0

(continued)

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Exhibit F.10   Number of Providers Identifying Activities/Services as "Top 3" Provided in Western Counties (continued)

Activity/Service	County*													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
School Domain														
Organizational Change in Schools	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Classroom Organization, Management, and Instructional Practices	0	0	0	0	0	0	1	0	0	0	1	0	0	0
School Behavior Management	0	0	0	0	0	0	0	0	0	0	0	0	0	0
School Transition	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Development of School Policies that Discourage Substance Use/Abuse	0	0	0	1	0	0	1	0	0	0	0	0	0	0
Enforcement of School Policies that Discourage Substance Use/Abuse	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Student Assistance Programs	0	2	0	0	0	0	0	0	0	0	0	0	2	0
Prevention Education Support Groups	0	0	0	0	2	0	0	1	0	1	1	0	1	0
Parental-Involvement Initiatives	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Classroom Curriculum Presentations	0	2	1	0	1	0	2	1	0	0	1	0	0	0
Curriculum Infusion Initiatives	0	0	1	0	0	0	0	0	0	0	0	0	1	0
Other	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Community Domain														
Development of Community Laws and Policies that Discourage Substance Abuse	0	1	0	0	0	0	0	0	0	0	0	0	1	0
Enforcement of Community Laws and Policies that Discourage Substance Abuse	0	0	1	0	0	0	0	0	0	0	2	0	0	0
Media Campaigns	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Information Dissemination	0	1	0	0	1	2	1	3	1	1	2	0	1	0
Community Mobilization	0	0	0	1	0	0	1	0	0	0	1	1	0	0
Community Development/Capacity Building	0	0	1	1	1	0	3	0	0	0	0	0	1	0
Community Assessment Surveys	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	0	0	0	0	1	0	0	0	0	0	1	0

* 1=Allegan; 2=Barry; 3=Berrien; 4=Branch; 5=Cass; 6=Ionia; 7=Kalamazoo; 8=Kent; 9=Montcalm; 10=Muskegon; 11=Newaygo; 12=Ottawa; 13=St. Joseph; 14=Van Buren.

Exhibit F.11 Number of Providers Identifying Activities/Services as "Top 3" Provided in Central Counties

Activity/Service	County*								
	1	2	3	4	5	6	7	8	9
Total Number of Providers	9	5	4	4	3	7	6	7	5
Peer/Individual Domain									
Supervised After-School Recreation Programs	0	0	0	0	0	0	0	1	0
Drug-Free Social and Recreational Activities	0	1	0	0	0	0	0	0	0
Youth Adventure-Based Programs	0	0	0	0	0	0	0	0	0
Intergenerational	0	0	0	0	0	0	0	0	0
Mentoring	2	0	0	0	0	0	2	2	0
Career/Job Skills Training	0	0	0	1	0	0	0	0	0
Youth Community Service Programs	0	0	0	0	0	0	0	1	0
Peer Leadership/Peer Helper Programs	1	1	1	1	1	1	1	1	1
Life Skills/Social Skills Training	4	2	2	1	0	4	2	2	1
Teen Drop-In Centers	0	0	0	0	0	0	0	0	0
Tutoring Programs	0	0	0	0	0	0	0	0	0
Youth Support Groups	0	0	0	0	0	0	0	0	0
Youth Community Actions Groups	0	0	0	0	0	0	0	0	0
Teen Parenting Education	0	0	0	0	0	0	0	0	0
Other	1	1	0	0	1	0	1	1	1
Family Domain									
Prenatal/Infancy	0	0	0	0	0	0	0	0	0
Early Childhood Education	0	0	0	0	0	0	0	0	0
Parenting/Family Management Training	1	2	1	1	0	2	0	0	3
Premarital Counseling	0	0	0	0	0	0	0	0	0
Family Support	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0

(continued)

Exhibit F.11   Number of Providers Identifying Activities/Services as "Top 3" Provided in Central Counties (continued)

Activity/Service	County*								
	1	2	3	4	5	6	7	8	9
School Domain									
Organizational Change in Schools	0	0	0	0	1	0	0	0	0
Classroom Organization, Management, and Instructional Practices	0	0	0	0	0	0	0	0	0
School Behavior Management	0	0	0	0	0	0	0	1	0
School Transition	0	0	0	0	0	0	0	0	0
Development of School Policies that Discourage Substance Use/Abuse	1	0	0	0	0	0	0	0	0
Enforcement of School Policies that Discourage Substance Use/Abuse	0	0	0	0	0	0	0	0	1
Student Assistance Programs	1	0	0	0	1	1	1	2	0
Prevention Education Support Groups	1	1	1	0	1	1	1	0	0
Parental-Involvement Initiatives	0	1	1	1	0	1	1	0	1
Classroom Curriculum Presentations	0	0	0	0	1	0	1	1	0
Curriculum Infusion Initiatives	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	1	0
Community Domain									
Development of Community Laws and Policies that Discourage Substance Abuse	0	0	0	0	0	0	0	0	0
Enforcement of Community Laws and Policies that Discourage Substance Abuse	0	0	0	0	0	0	0	0	1
Media Campaigns	0	0	0	0	0	0	0	0	0
Information Dissemination	1	1	1	2	0	2	3	3	1
Community Mobilization	2	0	0	0	0	0	0	0	0
Community Development/Capacity Building	6	0	0	0	3	0	3	2	0
Community Assessment Surveys	0	0	0	0	0	0	0	0	0
Other	1	0	0	0	0	2	0	0	0

* 1=Calhoun; 2=Clinton; 3=Eaton; 4=Gratiot; 5=Hillsdale; 6=Ingham; 7=Jackson; 8=Lenawee; 9=Shiawassee.

Exhibit F.12   Number of Providers Identifying Activities/Services as "Top 3" Provided in Eastern Counties

Activity/Service	County*							
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Total Number of Providers	4	12	2	4	7	7	1	3
Peer/Individual Domain								
Supervised After-School Recreation Programs	1	0	1	0	2	0	0	0
Drug-Free Social and Recreational Activities	0	1	0	0	2	0	0	0
Youth Adventure-Based Programs	0	0	0	1	0	0	0	0
Intergenerational	0	0	0	0	0	0	0	0
Mentoring	0	1	0	0	0	0	0	0
Career/Job Skills Training	0	2	0	0	0	0	0	0
Youth Community Service Programs	0	0	0	0	0	0	0	0
Peer Leadership/Peer Helper Programs	0	0	0	1	1	0	0	0
Life Skills/Social Skills Training	1	4	2	3	4	3	0	2
Teen Drop-In Centers	0	0	0	0	0	0	0	0
Tutoring Programs	0	0	0	0	0	0	0	0
Youth Support Groups	0	0	0	0	0	0	0	1
Youth Community Actions Groups	0	1	0	0	0	0	0	0
Teen Parenting Education	0	0	0	0	0	0	0	0
Other	1	1	1	2	0	1	0	1
Family Domain								
Prenatal/Infancy	0	1	0	0	1	0	0	0
Early Childhood Education	1	1	0	0	1	0	0	0
Parenting/Family Management Training	1	0	0	0	1	2	0	1
Premarital Counseling	0	1	0	0	0	0	0	0
Family Support	1	0	0	0	1	0	0	0
Other	0	1	0	0	1	0	0	0

(continued)

Exhibit F.12   Number of Providers Identifying Activities/Services as "Top 3" Provided in Eastern Counties (continued)

Activity/Service	County*							
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
School Domain								
Organizational Change in Schools	0	0	0	0	1	0	0	0
Classroom Organization, Management, and Instructional Practices	0	1	0	0	0	0	0	0
School Behavior Management	0	1	0	0	0	0	0	0
School Transition	0	0	0	0	0	0	0	0
Development of School Policies that Discourage Substance Use/Abuse	0	1	0	0	0	0	0	0
Enforcement of School Policies that Discourage Substance Use/Abuse	0	1	0	0	0	1	0	0
Student Assistance Programs	0	2	0	1	0	0	0	0
Prevention Education Support Groups	1	0	0	0	1	2	0	0
Parental-Involvement Initiatives	0	2	0	0	0	0	0	0
Classroom Curriculum Presentations	0	2	1	1	0	2	1	1
Curriculum Infusion Initiatives	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Community Domain								
Development of Community Laws and Policies that Discourage Substance Abuse	0	0	0	0	0	0	0	0
Enforcement of Community Laws and Policies that Discourage Substance Abuse	0	0	0	0	0	0	0	0
Media Campaigns	0	1	0	0	0	1	0	0
Information Dissemination	1	5	0	1	2	0	1	0
Community Mobilization	1	1	0	1	0	0	1	1
Community Development/Capacity Building	0	2	0	0	0	2	0	0
Community Assessment Surveys	0	0	0	0	0	0	0	0
Other	1	1	0	0	0	0	0	0

* 1=Bay; 2=Genesee; 3=Huron; 4=Lapeer; 5=Saginaw; 6=St. Clair; 7=Sanilac; 8=Tuscola.

Exhibit F.13   Number of Providers Identifying Activities/Services as "Top 3" Provided in Southeastern Counties

Activity/Service	County*					
	1	2	3	4	5	6
Total Number of Providers	10	11	5	37	6	27
Peer/Individual Domain						
Supervised After-School Recreation Programs	1	1	2	5	2	3
Drug-Free Social and Recreational Activities	0	1	0	6	1	3
Youth Adventure-Based Programs	1	0	0	1	0	0
Intergenerational	0	0	0	0	0	0
Mentoring	1	0	0	1	1	3
Career/Job Skills Training	0	0	0	0	2	0
Youth Community Service Programs	1	1	1	2	1	4
Peer Leadership/Peer Helper Programs	0	2	3	4	2	3
Life Skills/Social Skills Training	6	3	2	14	2	11
Teen Drop-In Centers	0	0	0	0	0	0
Tutoring Programs	0	0	0	0	0	2
Youth Support Groups	1	0	1	1	0	1
Youth Community Actions Groups	0	0	0	1	0	1
Teen Parenting Education	0	0	0	1	0	1
Other	5	1	0	5	1	5
Family Domain						
Prenatal/Infancy	0	0	0	1	0	2
Early Childhood Education	0	0	0	4	0	1
Parenting/Family Management Training	2	2	0	8	0	5
Premarital Counseling	0	0	0	0	0	0
Family Support	0	0	0	1	1	2
Other	2	0	0	3	0	1

(continued)

Exhibit F.13   Number of Providers Identifying Activities/Services as "Top 3" Provided in Southeastern Counties (continued)

Activity/Service	County*					
	1	**2**	**3**	**4**	**5**	**6**
School Domain						
Organizational Change in Schools	0	1	0	2	0	1
Classroom Organization, Management, and Instructional Practices	0	0	0	2	0	0
School Behavior Management	0	0	0	1	0	0
School Transition	0	0	0	0	0	0
Development of School Policies that Discourage Substance Use/Abuse	0	0	0	1	0	0
Enforcement of School Policies that Discourage Substance Use/Abuse	0	0	0	2	0	0
Student Assistance Programs	0	1	1	3	0	2
Prevention Education Support Groups	0	1	0	3	0	3
Parental-Involvement Initiatives	0	0	0	4	0	2
Classroom Curriculum Presentations	1	2	1	4	1	2
Curriculum Infusion Initiatives	0	1	0	0	0	0
Other	0	0	0	3	0	0
Community Domain						
Development of Community Laws and Policies that Discourage Substance Abuse	0	0	1	0	0	0
Enforcement of Community Laws and Policies that Discourage Substance Abuse	0	0	0	0	1	1
Media Campaigns	0	0	0	1	0	3
Information Dissemination	4	4	1	5	2	8
Community Mobilization	0	0	0	4	0	2
Community Development/Capacity Building	0	3	1	2	0	4
Community Assessment Surveys	0	0	0	0	0	0
Other	0	0	0	1	0	0

* 1=Livingston; 2=Macomb; 3=Monroe; 4=Oakland; 5=Washtenaw; 6=Wayne, outside Detroit.

Exhibit F.14 Number of Providers Identifying Activities/ Services as "Top 3" Provided in Detroit*

Activity/Service	Detroit
Total Number of Providers	31
Peer/Individual Domain	
Supervised After-School Recreation Programs	6
Drug-Free Social and Recreational Activities	5
Youth Adventure-Based Programs	0
Intergenerational	0
Mentoring	5
Career/Job Skills Training	1
Youth Community Service Programs	1
Peer Leadership/Peer Helper Programs	2
Life Skills/Social Skills Training	16
Teen Drop-In Centers	0
Tutoring Programs	4
Youth Support Groups	3
Youth Community Actions Groups	1
Teen Parenting Education	1
Other	8
Family Domain	
Prenatal/Infancy	1
Early Childhood Education	0
Parenting/Family Management Training	2
Premarital Counseling	0
Family Support	2
Other	2

(continued)

Exhibit F.14   Number of Providers Identifying Activities/ Services as "Top 3" Provided in Detroit* (continued)

Activity/Service	Detroit
School Domain	
Organizational Change in Schools	0
Classroom Organization, Management, and Instructional Practices	1
School Behavior Management	0
School Transition	0
Development of School Policies that Discourage Substance Use/Abuse	0
Enforcement of School Policies that Discourage Substance Use/Abuse	0
Student Assistance Programs	0
Prevention Education Support Groups	2
Parental-Involvement Initiatives	0
Classroom Curriculum Presentations	2
Curriculum Infusion Initiatives	0
Other	0
Community Domain	
Development of Community Laws and Policies that Discourage Substance Abuse	0
Enforcement of Community Laws and Policies that Discourage Substance Abuse	0
Media Campaigns	3
Information Dissemination	11
Community Mobilization	3
Community Development/Capacity Building	5
Community Assessment Surveys	0
Other	1

* Wayne County (inside Detroit).

Exhibit F.15   Number of Providers Serving Specific Demographic Groups in Upper Peninsula Counties

Demographic Group	County*														
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**
Total # of Providers	3	3	4	2	4	2	3	3	4	2	3	6	2	3	4
Age															
0 - 4	1	0	1	1	0	0	0	1	2	1	1	2	0	0	1
5 - 9	1	2	2	1	3	1	1	2	2	1	1	2	1	0	2
10 - 15	3	3	3	2	4	2	3	2	4	2	3	5	2	2	3
16 - 19	3	3	3	2	4	2	3	3	3	2	3	6	2	3	4
20 - 24	3	2	3	2	3	1	2	2	1	2	3	6	2	3	4
25 - 44	3	3	2	2	3	1	2	2	1	2	3	5	2	2	3
45 - 65	3	3	2	2	2	1	2	2	1	2	3	5	2	2	3
65 +	1	1	1	1	1	0	0	0	0	1	1	2	0	0	2
Race/Ethnicity															
White	3	3	4	2	4	2	3	3	4	2	2	6	2	3	4
Arab American/ Chaldean Origin	0	0	0	0	1	0	0	0	1	0	0	0	0	1	0
Black/African-American	3	2	2	2	4	2	3	3	2	1	2	5	2	2	3
Hispanic	0	1	1	1	2	1	1	1	1	0	0	2	1	1	1
Latino	0	0	0	0	1	1	1	1	0	0	0	0	0	1	0
American Indian/ Alaska Native	3	2	3	2	4	2	3	3	3	2	2	6	2	2	3
Asian	2	2	2	2	2	2	2	2	2	2	2	2	2	1	2
Native Hawaiian/ Other Pacific Islander	0	1	0	1	1	0	0	0	0	0	1	0	0	0	0
Gender															
Male	3	3	4	2	4	2	3	3	4	2	2	6	2	3	4
Female	3	3	4	2	4	2	3	3	4	2	2	6	2	3	4
# of Individuals Served per Provider															
Minimum	320	425	200	425	425	143	425	425	425	425	50	80	425	30	7
Maximum	3750	7955	1726	4445	3100	425	6821	755	900	1500	6900	46250	777	487	5800
Average (mean)	1498.3	3788.3	777.5	2435.0	1606.8	284.0	2782.0	561.7	618.3	962.5	2458.3	8173.3	601.0	314.0	2108.0

* 1=Alger; 2=Baraga; 3=Chippewa; 4=Delta; 5=Dickinson; 6=Gogebic; 7=Houghton; 8=Iron; 9=Keweenaw; 10=Luce; 11=Mackinac; 12=Marquette; 13=Menominee; 14=Ontonagon; 15=Schoolcraft.

Exhibit F.16   Number of Providers Serving Specific Demographic Groups in Northern Counties

Demographic Group	County*														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Total # of Providers	2	2	2	3	1	3	3	2	1	2	4	2	2	8	2
Age															
0 - 4	0	0	1	1	0	1	1	0	0	1	1	0	1	2	0
5 - 9	1	1	1	2	0	2	2	1	1	2	3	1	2	4	2
10 - 15	1	1	2	3	1	3	2	1	0	2	3	1	2	5	2
16 - 19	1	1	2	3	1	2	2	0	0	1	2	1	2	5	2
20 - 24	1	1	1	1	0	2	2	0	0	1	2	1	0	4	1
25 - 44	1	1	2	1	0	2	2	1	1	2	3	1	0	4	1
45 - 65	1	1	1	1	0	0	1	0	0	0	2	1	0	4	1
65 +	1	1	0	1	0	0	0	0	0	0	1	0	0	3	1
Race/Ethnicity															
White	2	2	2	3	1	3	3	1	1	2	3	1	2	5	2
Arab American/ Chaldean Origin	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Black/African- American	0	1	2	0	1	3	2	1	0	2	3	1	1	6	1
Hispanic	0	1	1	2	1	2	1	1	0	1	3	1	1	4	2
Latino	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0
American Indian/ Alaska Native	1	1	2	1	0	3	2	0	0	2	2	1	0	5	1
Asian	0	0	0	1	0	0	0	0	0	1	0	0	0	3	1
Native Hawaiian/ Other Pacific Islander	0	0	0	1	0	1	0	0	0	0	0	0	0	1	0
Gender															
Male	2	2	2	3	1	3	3	1	1	2	3	1	2	6	2
Female	2	2	2	3	1	3	3	1	1	2	3	1	2	5	2
# of Individuals served per Provider															
Minimum	300	120	575	40	120	450	40	2000	80	1500	254	378	349	75	35
Maximum	700	12000	750	3200	120	1170	850	3567	80	1810	3567	1100	450	40000	3000
Average (mean)	500.0	6060.0	662.5	1100.0	120.0	706.7	546.7	2783.5	80.0	1655.0	1956.0	739.0	399.5	7267.0	1517.5

* 1=Alcona; 2=Alpena; 3=Antrim; 4=Arenac; 5=Benzie; 6=Charlevoix; 7=Cheboygan; 8=Clare; 9=Crawford; 10=Emmet; 11=Gladwin; 12=Grand Traverse; 13=Iosco; 14=Isabella; 15=Kalkaska.

Exhibit F.16   Number of Providers Serving Specific Demographic Groups in Northern Counties (continued)

Demographic Group	County* 16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Total # of Providers	1	1	1	2	3	5	1	2	1	3	1	2	2	2	2	1
Age																
0 - 4	1	0	0	0	1	2	0	0	0	1	0	1	0	0	0	0
5 - 9	1	1	1	2	3	2	0	0	1	2	0	1	0	2	1	0
10 - 15	1	0	1	2	3	3	0	1	1	2	0	1	2	1	0	0
16 - 19	1	1	0	2	3	3	0	1	1	2	1	1	1	1	0	0
20 - 24	1	1	0	1	2	3	0	1	1	0	1	0	1	1	0	0
25 - 44	1	1	0	1	2	3	0	1	1	0	1	1	0	1	0	0
45 - 65	1	0	0	1	2	3	0	1	1	0	1	0	0	1	0	0
65 +	1	1	0	1	0	3	0	1	1	0	0	0	0	1	0	0
Race/Ethnicity																
White	1	1	1	2	3	3	0	1	1	2	1	2	2	2	1	0
Arab American/ Chaldean Origin	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0
Black/African-American	1	1	1	1	3	2	0	0	1	1	1	1	0	1	0	0
Hispanic	1	1	1	1	2	2	0	0	1	1	1	1	0	0	0	0
Latino	0	0	0	0	1	2	0	0	0	0	0	1	0	0	0	0
American Indian/ Alaska Native	1	0	0	1	2	2	0	1	1	0	0	0	0	1	0	0
Asian	1	1	0	0	2	2	0	0	0	0	0	0	0	0	0	0
Native Hawaiian/ Other Pacific Islander	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0
Gender																
Male	1	1	1	2	3	3	1	1	1	2	1	2	2	2	1	1
Female	1	1	1	2	3	3	0	1	1	2	1	2	2	2	1	0
# of Individuals Served per Provider																
Minimum	2500	88	260	800	300	94	.	1300	1974	68	301	22	24	40	240	.
Maximum	2500	88	260	3500	2595	60000	.	1300	1974	1000	301	140	800	5100	240	.
Average (mean)	2500.0	88.0	260.0	2150.0	1631.7	22915.3	.	1300.0	1974.0	534.0	301.0	81.0	412.0	2570.0	240.0	.

* 16=Lake; 17=Leelanau; 18=Manistee; 19=Mason; 20=Mecosta; 21=Midland; 22=Missaukee; 23=Montmorency; 24=Oceana; 25=Ogemaw; 26=Osceola; 27=Oscoda; 28=Otsego; 29=Presque Isle; 30=Roscommon; 31=Wexford.

Exhibit F.17 Number of Providers Serving Specific Demographic Groups in Western Counties

Demographic Group	County*													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Total # of Providers	3	3	3	2	3	3	7	7	4	5	5	1	6	1
Age														
0 - 4	0	1	1	1	2	0	1	1	0	1	1	1	1	0
5 - 9	2	1	1	1	3	0	2	3	0	2	3	1	2	1
10 - 15	2	2	1	1	3	0	5	5	1	4	3	1	4	1
16 - 19	3	3	1	2	3	2	6	5	1	4	3	1	6	1
20 - 24	1	1	1	2	3	2	7	5	3	4	3	1	3	0
25 - 44	1	2	1	2	3	3	6	5	3	4	3	1	3	0
45 - 65	0	2	1	2	3	1	6	2	2	3	2	1	3	0
65 +	0	1	1	1	3	1	3	2	1	2	1	1	2	0
Race/Ethnicity														
White	3	3	1	2	3	3	7	6	4	5	5	1	5	1
Arab American/ Chaldean Origin	0	0	0	2	0	0	1	2	0	0	1	1	1	0
Black/African-American	2	3	1	1	3	2	7	7	3	5	4	1	4	1
Hispanic	2	3	1	2	3	2	6	3	2	5	3	1	5	1
Latino	0	0	1	0	3	0	4	3	0	1	2	0	2	0
American Indian/ Alaska Native	0	1	1	1	2	0	4	3	1	2	3	1	3	0
Asian	0	1	1	1	2	0	4	3	1	1	1	1	2	0
Native Hawaiian/ Other Pacific Islander	0	0	0	0	0	1	0	2	0	1	0	0	0	0
Gender														
Male	3	3	1	2	3	3	7	6	4	5	5	1	6	1
Female	3	3	1	2	3	3	7	6	4	4	5	1	6	1
# of Individuals Served per Provider														
Minimum	10	350	2800	275	320	25	218	100	5	35	511	65000	8	470
Maximum	360	6125	19161	1700	3500	820	6500	7200	317	7000	39500	65000	3500	470
Average (mean)	223.3	2291.7	10980.5	987.5	1556.7	374.0	2341.6	2177.0	149.8	1780.0	13536.0	65000.0	1197.7	470.0

* 1=Allegan; 2=Barry; 3=Berrien; 4=Branch; 5=Cass; 6=Ionia; 7=Kalamazoo; 8=Kent; 9=Montcalm; 10=Muskegon; 11=Newaygo; 12=Ottawa; 13=St. Joseph; 14=Van Buren.

Exhibit F.18   Number of Providers Serving Specific Demographic Groups in Central Counties

Demographic Group	County*								
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
Total # of Providers	9	5	4	4	3	7	6	7	5
Age									
0 - 4	0	0	0	0	1	0	2	0	1
5 - 9	6	0	0	0	2	2	4	4	2
10 - 15	7	0	1	2	3	3	5	5	3
16 - 19	7	2	2	2	3	3	5	4	3
20 - 24	6	2	1	1	2	5	6	1	3
25 - 44	6	3	2	2	3	5	5	3	4
45 - 65	5	1	1	1	2	5	4	3	2
65 +	4	1	1	0	1	1	2	1	1
Race/Ethnicity									
White	9	4	3	3	3	6	6	6	5
Arab American/ Chaldean Origin	0	2	1	1	0	2	0	0	1
Black/African- American	8	2	3	2	3	6	6	5	4
Hispanic	6	2	2	2	2	5	5	4	4
Latino	2	1	1	0	0	3	2	1	2
American Indian/ Alaska Native	2	1	1	0	2	2	3	3	3
Asian	2	1	1	0	2	2	2	2	2
Native Hawaiian/ Other Pacific Islander	1	1	1	0	1	1	1	1	2
Gender									
Male	9	4	3	3	3	6	6	6	5
Female	9	3	3	3	3	6	6	6	5
# of Individuals Served per Provider									
Minimum	4	3	27	46	1500	27	40	73	100
Maximum	7500	4201	4579	4850	9919	7691	26000	3219	5221
Average (mean)	2629.7	1090.0	1668.7	2153.3	4386.7	2241.3	6803.7	1752.0	1749.6

* 1=Calhoun; 2=Clinton; 3=Eaton; 4=Gratiot; 5=Hillsdale; 6=Ingham; 7=Jackson; 8=Lenawee; 9=Shiawassee.

Exhibit F.19 Number of Providers Serving Specific Demographic Groups in Eastern Counties

Demographic Group	County*							
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Total # of Providers	4	12	2	4	7	7	1	3
Age								
0 - 4	1	3	1	1	1	1	1	1
5 - 9	1	5	1	1	2	3	1	1
10 - 15	2	7	2	3	4	4	1	3
16 - 19	4	8	2	4	4	5	1	3
20 - 24	3	8	2	3	3	4	1	2
25 - 44	3	8	2	3	5	5	1	2
45 - 65	3	8	2	3	3	4	1	2
65 +	2	3	1	2	2	2	1	2
Race/Ethnicity								
White	4	11	2	4	6	5	1	3
Arab American/ Chaldean Origin	0	3	0	1	0	0	0	0
Black/African- American	4	11	2	3	7	4	1	3
Hispanic	3	11	2	4	5	3	1	3
Latino	1	3	0	1	1	0	0	0
American Indian/ Alaska Native	3	4	0	2	0	0	1	1
Asian	3	4	0	1	1	0	1	0
Native Hawaiian/ Other Pacific Islander	0	0	0	0	0	0	0	0
Gender								
Male	4	11	2	4	7	5	1	3
Female	4	9	2	4	6	5	1	2
# of Individuals Served per Provider								
Minimum	111	32	39	148	55	50	7123	58
Maximum	10216	35840	7361	1800	1000	12037	7123	10140
Average (mean)	2793.0	5188.7	3700.0	954.5	305.1	2631.2	7123.0	3497.3

* 1=Bay; 2=Genesee; 3=Huron; 4=Lapeer; 5=Saginaw; 6=St. Clair; 7=Sanilac; 8=Tuscola.

Exhibit F.20 Number of Providers Serving Specific Demographic Groups in Southeastern Counties

Demographic Group	County* 1	2	3	4	5	6
Total # of Providers	10	11	5	37	6	27
Age						
0 - 4	2	2	2	10	0	4
5 - 9	5	3	5	19	4	13
10 - 15	7	6	5	28	6	22
16 - 19	7	7	4	25	5	20
20 - 24	5	6	3	14	3	9
25 - 44	9	6	4	19	2	14
45 - 65	8	4	4	16	2	13
65 +	3	2	3	7	0	6
Race/Ethnicity						
White	10	7	5	30	4	22
Arab American/ Chaldean Origin	2	3	1	17	1	12
Black/African- American	6	9	4	28	6	23
Hispanic	5	6	3	25	5	14
Latino	3	2	1	4	4	5
American Indian/ Alaska Native	2	3	3	6	2	6
Asian	3	4	2	14	2	7
Native Hawaiian/ Other Pacific Islander	1	1	0	1	0	1
Gender						
Male	10	9	5	31	6	24
Female	10	9	5	31	6	25
# of Individuals Served per Provider						
Minimum	63	8	262	26	38	5
Maximum	6200	40036	6500	26000	10000	37681
Average (mean)	1334.4	5677.7	2716.8	2683.7	2103.8	4409.7

* 1=Livingston; 2=Macomb; 3=Monroe; 4=Oakland; 5=Washtenaw; 6=Wayne, outside Detroit.

Exhibit F.21   Number of Providers Serving Specific Demographic Groups in Detroit*

Demographic Group	Detroit
Total # of Providers	31
Age	
0 - 4	5
5 - 9	20
10 - 15	26
16 - 19	19
20 - 24	12
25 - 44	17
45 - 65	13
65 +	9
Race/Ethnicity	
White	26
Arab American/ Chaldean Origin	10
Black/African-American	30
Hispanic	19
Latino	7
American Indian/ Alaska Native	1
Asian	5
Native Hawaiian/ Other Pacific Islander	1
Gender	
Male	27
Female	30
# of Individuals Served per Provider	
Minimum	6
Maximum	12550
Average (mean)	1864.5

* Wayne County (inside Detroit).